神鱼	1.	FOR STATE		DEPAR		E OF MARYLA	ND MENTAL HYGIEN	NESS ()		o Œ	~7	0
_		REGISTRAR			EXAMIN	ER'S CERTIFI	ICATE OF DEA	REG	G. NO.	, 9	J	7
(11)		CEASED NAME E OR PRINT)	Thomas	MIDDLE E.		Amos		20. DATE KNOW OF ESTI- DEATH MATE	N _ MONTH	7 ₁₉	90	b. HOUR
NRY, PERDING OUR END TO STREE	3. SEX	ale 4. RAC	MO	ATE OF BIRTH	6. AGE (IN YEA	Y) MONTHS DAYS	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	монтн	DAY	YEAR 1	14. HOUR 5:00
SALZE	7a. B	RTHPLACE (STATE OR	White 7b. 0	CITIZEN OF WHAT COU	NTRY?			9. BALTIMORE C				Рм
#5 S		PEIGN COUNTY D,		USA		WIDOWED -	DIVORCED	Anne Ar	undel	Count	V7 .	MD.
ELAY IS N TO THE F 1 PAGE 5 BE FILED, SS, 301 W		ty or town of dea ownsville	лн III. I	NAME OF HOSPITAL, NI IF NOT IN SUCH FACILITY, GIVE OODS OFF BA	STREET ADDRESS) con Rid	or other institu ge Road	UTION	VitcH	ER	12b KIND	OF BUSI	NESS
CORP 3	USUA 13a. S	L RESIDENCE (IF IN NU	RSING HOME OR OTH	ER INSTITUTION, GIVE PESIDENCE 13(121)	Y OR TOWN	// 134 INSIDE	CITY LIMITS! 13e. 578	RT ADDRESS >	7	0,10	1	
D T Y	14. F/	THER'S NAME) MIDI	DIE O	INST	13. MOTH	HER S MAIDEN NAME	C MIDDLE	·/	1 LAS	T	
TER DEAT	140	AS DECEASED EVER	H.	HMO	S SCIAL SECURITY	NO. 17. INFOR	CHLEN)	=0	VZ-		7
BALTIMO URS AFTER URS GIVE PA WITH FOR	190. V (Y		(IF YES, GIVE WAR O		-03-65	59-JAH	BS A. HAV	os Sr. ADD	Bour	DA	MD	VR
HOURS N 18. O IG WIT. PV		18. CAUSE OF DEAT PART I DEATH W	AS CAUSED BY:	cause per line for (a), (l		-ti- 01			Mejuc	RETWEE	DAMATE IN N OPISET AS	TERVAL ND DEATH
TON 24 TEA ALON PERO YGIEN		4092	IMMEDIATE CA	DUE TO, OR AS A CO			liovascula	r Disease				
PRES VITHII NER ANSI'		Canditions, if a	immediate /	(b)							75.0	
, 301 W. PREST ECUTED WITHIN IL EXAMINER , INTELLIRANSIT IND MENTAL HY N, OR REMOVAL		cause (a) stating lying cause last.	the <u>under</u> -	DUE TO, OR AS A CO	NSEQUENCE C	F						
S X S S S S S S S S S S S S S S S S S S	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRI	RUTING TO DEATH BUT NOT REL	ATEO TO THE TERMI	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1 (a).					
	CERTIFICATION	190. DATE OF OPERA	TION	196. CONDITION FOR	WHICH OPERA	TION WAS PERFO	RMED?			20 AUT	OPSY?	
	RTIFI	at evitebrial Call	571116								X	NO 🗆
DIVISION OF VITS CERTIFICATE SI RITING THE WOR RDED TO THE CE E 3 SHOULD BE E DEPARTMENT PRIOR TO BURLA PRIOR TO BURLA		210 EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJUR	Y OCCURRED (ENTER	NATURÉ OF INJURY IN ITI	EM 18 PART 1 OR PA	ART 2)		
DIVISION THIS CERT TE, WRITING DRWARDED STATE DEPT STATE	MEDICAL	21d. INJURY OCCURI WHILE NOT AT WORK AT W	WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM,		21f. LOCATION STREET		CITY OR TOWN	co	YTNU		STATE
		220. I certify that death resulted from		he remains described ab		Autapsy X,	Inspection ,	Inquiry ,	and in my a	pinian		
L EXAMINE E CERTIFICA OULD BE F OURE CTOR H, WITH THE		ACTUAL SIGNATURE	lucina	LD ole		ŢITLE (SPECIFY)	ICAL EXAMINER	DATE	8/	/9/80	
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	400	EXAMINER'S NAME (TYPE OR PRINT)	Virgir	nia L. Dolan	n, M.D.	ADDRESS.	MED		enn Str	-		
	2	HAL CREMATION R	MOVAL ME 9	ATE 23c.		ETERY OR CREMAT	ORY 23d. Le	CATION	/r coy	00	py	5
BP	17/1	INSTAL DIRECTOR	19	3/80	TI WHO	Mal.	25a. DATE REC'D. BY	1.0	EGISTRAP'S	IGHT-TUB	7-1	<u>v.</u>
(VR A15 ME (5)) 15M 7/77 .	A	m ///.	3/21	XDIS / W	mpole	MID	AUG141	980	Mry /K	Creso	7	

V: 6-2- (--- U 6-YE SERVICE THE TOTAL SERVICE 29 ST. SEY JUBEL WAS DO THE TO Sue in the 1887 His and the sect of the section of From Market State of the work of the Allen And Commenced States of the state of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 shauld be find with with the State Dept of Health and Mental Hygiene priar to burial, crematian, ar removal.

6	1.	FOR - STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG	IENE 8 0	0.	9 3	40
5	(TYPE	CEASED NAME FIRST LOIS	WIDDLE	Anti	wny	20. DATE OF DEATH August	MONTH 3,	1980	26 HOUR
)	3. SE.	Female	White	S. DATE O	30°, 1942	6 AGE (IN YEARS LAST BIRT	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
\$35	C	Maryland	U.S.A.	WIDOW			runde	l Coun	as MD.
100	9	asadena	11. NAME OF HOSPITAL, NURSIN (IF NOT A) SUCH FACILITY, GIVESTREET 10 DROORVALOW	ADDRESS)	21122	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOMEMARE)	F WORKING LIF	E) INDUSTRY	of Business or
r must be	13/10	anyland Anne	other institution, give residence before TX Pasader Pasader	ADMISSION) N	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS	view A	ve.	21122
Stamine Stamine	14 FA	Carl H.	Tolson,	Sr.	15. MOTHER'S MAIDEN NAM BESSIE	Me Mylddle		Buch	klen
medical	16a V	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215-40-4	1219	William F. A	nthony San		#13	
event, the			y one couse per line for (a), (b), one BY: E CAUSE (o) RESOL	rate	y failure			BETWEEN	CIMATE INTERVAL ONSET AND DEATH
her traumatic e		Conditions, if any, which gove rise to immediate cause (a), storing the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF	loses			20	veeho
injury, or o	NO		ONDITIONS CONTRIBUTING TO E		NOT RELATED TO THE TERM		DITION GIV	EN IN PART 1	(0)
dup swo	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSE:	NGS USED S OF DEATH?
d 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, P	ART 1 OR PART 2)	
rked ar h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
21 is mo		220. I certify that (7)(this haspite saw the deceased alive an above, (1) (we) (did) (did not	7 19 3	3/	nd that is (my (our) apinion o	to, to	ote and hav	r and from the	that (we) last causes stated
LT: # hem		226. SIGNATURE Sculolor	~ Mylnes	MI		MEDICAL STA	FF CIAN [22c. DATE	SIGNED
MPORTANT		22d. PHYSICIAN'S NAME (TYPE OR Sheldon Mil	ner, M.D.		5400 Old Cou	ent Rd., Rano	lallst	own, Md.	
_	'	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL			ven Men. Park	Glen Bunn		ne Arur	rdel Md
77	24. FI	cully F.H. Mtn.	& Tick Neck Rds.	Paso	611//	FREC'D. BY REGISTRAR 1980	25b. REGIST	RAR'S SIGNA	TURE

STATE OF MARYLAND

BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician.

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20 DATE OF DEATH DECEASED NAME TYPE OR PRINT August 4,1980 Maria Teresa Austin 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY) 3 SEX July 4.7912 YEAR Rican Female Puerto 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Puerto Rico TISA Anne Arundel WIDOWEDA DIVORCED [] 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 514 Prince Charles Housewife Odenton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 514 Prince Charles 13d. INSIDE CITY LIMITS? Md. AA Odenton YES [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Carattini Engracia Antonio ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 055-24-9322 Mrs. Marina Harrison, same as No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Generalized carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Carcinoma urinary bladder Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? YES 🗍 NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

NOT WHILE AT WORK Aug. 220.1 certify that 1 (this hospital) attended the deceased from July 10 80 <u>。80</u> sow the deceased alive on T111 8 a obage, (1) (we) (aid) (did not) view the body after death 980 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Aug. 6,1980 DIRECTOR PHYSICIAN PHYSICIAN HYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

211 LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN \$2

REG NO

CERTIFICATE OF DEATH

James W. Scott-Cora, M.D.

Bethesada Naval Hospital

CITY OF TOWN

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial Arlington, Aug.80 Arlington Nat'l

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d IN JURY OCCURRED

FOR

- STATE

REGISTRAR

1980

Va.

NO T

STATE

2h HOUR

IF UNDER I YEAR

INDUSTRY

20h, IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

DAYS

126 KIND OF BUSINESS OR

Own Home

DeLeon

APPROXIMATE INTERVAL

250. DATE REC'D. BY REGISTRAR 256. RECOTRAR'S SIGNATU 24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie. Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

or Item

If Item

should be deto with the Stote [

FUNERAL

MEDICAL

Generalized carcinomatos*
Carcinoma urinary bl

Jar

executed within 24 hours after death. Page 4 may be ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND

	1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	93	4 2
	(TYPE	CEASED NAME FIRST ORPRINT) BAKER	BABY BOY	AST	6	MONTH DAY YEAR 80	HOUR PM
	3. SE)	MALE	CAUC. S. DATE O		4. AGE (IN YEARS LAST RIRTI	YRS. DAYS	HOURS MIN 55
5	cc	MD.	USA WIDOWE		Anne Al	rundel	MD.
3	A.	mapolis	I. NAME OF HOSPITAL, NURSING HOME OF	R OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
	13e. S	TATE HT 136 COUNT	THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	YES NO VO	13e. STREET ADDRESS	Sellers	Rd.
0		THER'S NAME FIRST SEFFREY MID MET MET MET MET MET MET MET ME	U. BAKER	15. MOTHER'S MAIDEN NAM	MIDDE	Gö	Shin
		VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		-JE + Fray	ADDRE .	PAL	R
100		Conditions, if any, which gave rise to immediate cause (o), storing the underlying couse last	11/20/11/10/1	BIE Prim	plure In	fant	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT I		NAL DISEASE OR CONE	200. IF YES, WERE FINDE	NGS USED
		216 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	YES NO E	YES THE ITEM 18, PART 1 OR PART 2)	но 🗍
	MEDICAL	TIG INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
		sow the deceased olive on above. (1) (we) (did) (did not) v	ottended the deceased from	d that in (my) (our) opinion d		te and haur and from the	
		226. SIGNATURE	m 201	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	FIAN D	SIGNED 24/PD
		224 PHYSICIAN'S NAME (TYPE OR PI	шит) З	22e ADDRESS			7 1 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hw with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not like 236 DATE CREMATION, REMOVAL

IJy NAME OF GEMETERY OR CREMATORY

AUG 29 1980 STRAR IN REGISTRAR SICHATURE

DHMH-16 25M (VRA 15, 4) 1/79

retained by the hospital or attending physician.

TO HOSPITAL

BP.

BP.

DHMH - 17 (VR A15 ME (5)) 15M 7/77

FOR

STATE OF MARYLAND

EDICAL EXAMINER 3 CERTIFICATE OF DEATH	REG. NO.				
DEPARTMENT OF HEALTH AND MENTAL HYGIENE EDICAL EXAMINER'S CERTIFICATE OF DEATH	1	9	3	4	3

- STATE REGISTI	RAR	MEI	DICAL EXAMI	NER'S C	ERTIFICAT	E OF DE	STHO	REG. NO.	7) 4	3
TYPE OR PRINT	T)		MIDDLE		LAST		20. DATE KI	NOWN XXX	MONTH DA	Y YEAR	26. HOU
	Geo	rge	W.		Bax1ey	<i>r</i>		AATED	8 2	1980	146.00
male		5. DATE OF BIRTH MONTH DAY April 21	,1945 35			DER 24 HRS.	2c. DATE PRONOUNC DEAD		8 2	19 80	4:20 a
FOREIGN CO	CE (STATE OR UNITRY) ington DC	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRII WIDOW	ED NEVER M	ARRIED		Arund			
0. CITY OR T	OWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOA)	ER INSTITUTION	12a. USU FOR	MAL OCCUPA MOST OF WORKII	TION (TYPE OF	WORK 12b.	KIND OF BU OR INDUST	ISINESS
30. STATE	DENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	undel gener veresidence before admis 13c city or town Edgewater	SION)	13d. INSIDE (ITY LIMIT YES NO	157 134 STR	ral En	gineer ntown		<u>Center</u>	
14. FATHER'S	NAME	MIDDLE	exley		15. MOTHER'S M Mary	91-	Agne	DLE S	Mull	na ʻi l	
(YES, NO. OF	CEASED EVER IN U.S. AF RUNKNOWN) (IF YES, GIVI NO	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURI 545-62-		17. INFORMANT Margare	t Cock	rell	ADDRESS Same	as 13	3	
go co <u>ly</u> i	anditions, if any, which are rise to immediate buse (a) stating the <u>under</u> ing couse lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF							
	OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a):					
TIFIC	ATE OF OPERATION		ION FOR WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY	? NO [
UNDER CONTI	TERNAL CAUSE WAS RLYING XX OR RIBUTING CAUSE OF JURY OCCURRED ORK NOT WHILE AT WORK	DEATH 3:33	. MONTH DAY YEA	O dr	iver of ATION REEL Rd.	auto/p	arked	weh i cl	e impa	100	aryla
220	Lertify that I took char resulted from: Note	rge of the remains descurol couses \Box ,	cribed above, held an Accident XXX S	Autops	Homicide TITLE (SPECIF)		Inquiry [ner ,	DATE SIGNED_	8-3-80)
(TYPE C	NER'S NAME OR PRINT) REMATION, REMOVAL		A. Korell 23c. NAME OF CE			23d. LC	nn Str				
(SPECIFY)	Burial	8-5-1980	Lakemor		etery	DATV	ALCSON V	-	AACO.	Md ^s	ATE
Har	desty Funer	al Home	Annapolis,	Md.			5 1980	Miny	May /K	Chrod	7

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		FOR			DEPART		E OF MARYLAND EALTH AND MENTAL H	YGIENE S	0	1	0 7	4
	1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO		, 0	
		CEASED NAME OR PRINT)	FIRST	1	MIDDLE	2	AST	20. DATE	OF DEATH A		AY YEAR	2b. HOU
	L		ga	Gay	e Î	DEV	INETT		C	~ ~	30 80	10'
1	3. SE	×	-	RACE		S. DATE C	DAY YEAR		YEARS LAST BIRTH		ONTHS DAYS	HOURS
	7a. B	RTHPLACE (STATE OR FOR	EIGN 7h	CITIZEN OF	WHAT COUNTRY?	8	28 .191	9. BALTIM	ORE CITY OF	COUNTY	OF DEATH	
75		Charleroi		USA		MARRIE	NEVER MARRIED		ne Aru			
	10. C	TY OR TOWN OF DEAT		I. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12e. USUA	L OCCUPATION	N	126. KIND (
53		Annapolia		Anne A	rundel G	eneah!	LHosp.		sewife) INDUSTRI	
57/	USU 130.		36 COUNT	Υ	GIVE RESIDENCE BEFOR	e admission) 'N	13d. INSIDE CITY LIMITS		TADDRESS	C.		3 7
		Md.	A.A.	Co.	Shady S	ide	YES NO X		2 West	Shad	y Side	Rd.
e 20	14. 14	Anthony	MIC	DDLE	Podufa	1	FIRST		MIDDLE		Torof	ST
	160	VAS DECEASED EVER IN	V U.S. ARMI	ED FORCES?	166 SOCIAL SECU		Catherin	е	ADDRES		Teref	
medico		YES, NO OR UNKNOWN)	(IF YES, GIVE W	/AR OR DATES)	286-07-		Robert G.	Bennet	t. St. 6	551 W	est Sha	ady S
2	F	18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), (b), an	d (C1.)			1	Shady	APPROX BETWEEN	ONSET AN
		PART I. DEATH WA	S CAUSED MMEDIATE	BY:	Me	tas	tatic Br	east (arce	usm	26	410
9		1749			R AS A CONSEQU	ENCE OF				T Dell	3000	0
racmai	1	Conditions, if any,		(b)_								115.
other t		gove rise to imme couse (a), stating underlying couse		DUE TO, O	R AS A CONSEQU	ENCE OF						
5				(c)	ON STREET STATE OF STREET	DE ATH BUT	NOT RELATED TO THE TE	DANINIAL DICE	SE OB COND	UTION CIVI	ENLINI DADT 1	
injury,	NO O	PART 2. OTHER SIGNI	IFICANT CC	NUITIONS <u>CC</u>	SNIKIBOTING TO	DEATH BUT	NOT RELATED TO THE TE	KMINAL DISEA	ASE OR COIND	IIION GIVE	IN IIN PART II	01
oud	CERTIFICATION	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?		WERE FINDS	
shows	FE							YES 🗌	NO	YES		NO
00		OR CONTRIBUTING CA		HOUR A.	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18, PA	RT 1 OR PART 2)	
E 7	MEDICAL	(IF EITHER, NOTIFY MEDICAL			M. OF INJURY	19	211 LOCATION			The same		
ed or	MEC	WHILE TO NOT WHI	LE 🗍		REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	4	COUNTY	5
morked		220-I certify the		1) ottended /th	e deceased from	- 8	12 1980	J	8/30)	12 50	thot
5 - 7		sow the deceased	d olive on.	XI	19_19_	80 . 1	nd that in (my) (our) opini	on death occur	red on the do	te and hour	and from the	
Hem		226. SIGNATURE	di pala nori	view the Body	Offer deoffi.		DEGREE				22c. DATE	SIGNED
1: =		OXX	esu	00	lu	/	ATTENDING PHYSICIAN	MEDICA	R PHYSICI		1836	1/80
RTAN		22d. PHYSICTAN'S NA	ME (TYPE OR P	RINT)	1-1-	7	22e. ADDRESS	21-00	10 00	-1.	1.116	7/16
IMPORTANT: IF	-	ENSE	K	W.	DIE	111	114 CAT	HEDK	M 51	M	NOTTE	KIJ
	230.	BURIAL, CREMATION, R SPECIFY)	EMOVAL	23b. DATE			EMETERY OR CREMATOR	CIT	CATION		COUNTY	ST
	24 F	Cremation UNERAL DIRECTOR		9/2		edar	Hill Cremato	ORY W	REGISTRAR		C.	TURE
7	10	NAME		Hama	ADDRESS	A		D'2	1980	Rich	w feel	Sind.
		Hardesty Fu	neral	Home	15 Kidael	y Ave	Ann Mdl 31				700	

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page 3 SOFIE BERTRAM AUG 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE S. DATE OF BIRTH YEAR MONTH FEMALE CAU 1908 ARCH BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel County GFRMANY GERMANY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION Kimbrough Army Community Hosp Ft. Meade Housewife BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1130. COUNTY 1131. CITY OF TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 487 King Malcom Maryland Odenton Anne Arundel YES X NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME CV FIRST NMN .uise August NMNBraun 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 97770° Talbert Avenue Poges (YES, NO OR UNKNOWN) I JIF YES, GIVE WAR OR DATEST Ruth Spero Fountain Valley No ŧ 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY of the Blader Cancer 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 0 shows be NOT YES 🗍 Нув 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR the buriol-tro and Mental H OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 0 CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK May 220.1 certify that (I) (this hospital) attended the deceased from somethe deceased alive on 5 August DIRECTOR the deceased olive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated . (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL be deta MPORTANT:

WIDDIE

FOR - STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

22c DATE SIGNED STAFF 5 Aug 80 DIRECTOR PHYSICIAN PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) Robert A. Vollero, LTC, MC Kimbrough Army Community Hospital, Ft Meade STATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY Aug. 8, 1980 Arlington Arlington Nat. Cem. Va. 250. DATE REC'D. BY REGISTRAR 25b. HEAR'S SIGNATURE 1980 Annapolis, Maryland 21401AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

2b HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

15 months

206. IF YES, WERE FINDINGS LISED

COUNTY

YES

IN CERTIFYING CAUSES OF DEATH?

0940

5 1980

IF UNDER 1 YEAR

DHMH - 16 50M 7/77 (VR A 15 (4))

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230 BURIAL, CREMATION, REMOVAL

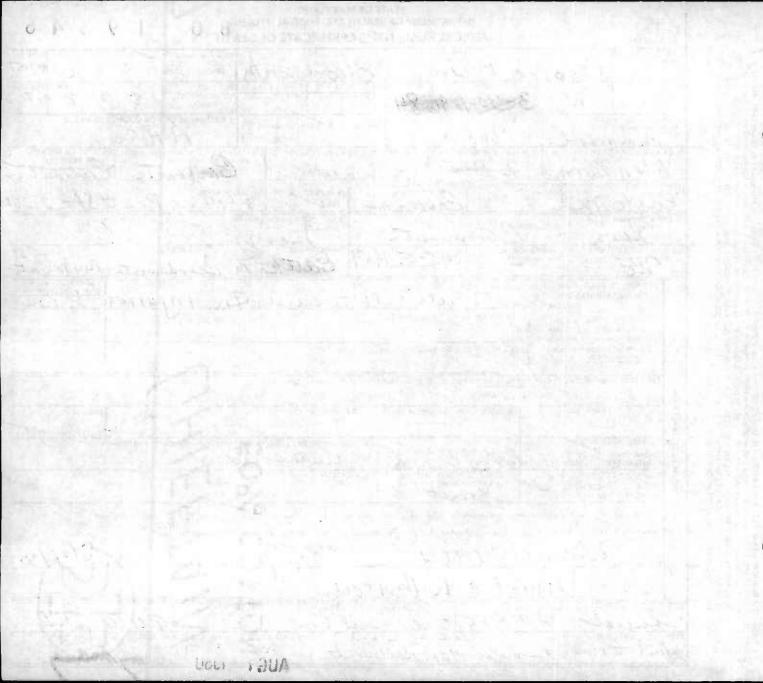
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Burial

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			500		ATE OF MARYLAND				
11	-	1-	FOR STATE	MEDICAL EXAMI	F HEALTH AND MENTAL NER'S CERTIFICATE	OF DEAD	1 9	130	4 6.
4	VRB)	1 DE	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMI	LAST	RE	G. NO.	SAV MEAT	- At 110115
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	CTO CTO FILT	3. SE		SYDATE OF BIRTH & AGE (IN	YEARS IF UNDER 1 YR. IF UND	DEATH MATE	D D S	3 SU	M 2d, HOUR
	Y, PLE, OIRECTON FILE FILE FILE FILE FILE FILE FILE FILE		in w	3-30-1896 84	AY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE PRONOUNCED DEAD	8	3,50	A 157 4
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	THE GE	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO. (IF NOT IN SOCHE CILITY, GIVE STREET ADDRES		120 USUAL OCCUPATION FOR MOTO WORKING LIFE	(TYPE OF WORK	R INDUS	
	3 TO NIN P. NIN P. RDS.	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI		Carpen	ul 1	Loss	merier
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3	NE NE SIO	(1)	VAS DECEASED EVER IN U.S. ARM	VAR OR DATES)	1959 Edit	to M. Blood	lawesth	844 h	Pratt
., BALT			18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (a), (b), and (c).)				APPROXIM/ BETWEEN ON	ATE INTERVAL
ON ST	TED WITHIN 24 HO 4 PENCIL IN ITEM I 14 TRANSIT PERMI MENTAL HYGIENE, 78 REMOVAL.	-	MMEDIATI	E CAUSE (a)	ele trem	vale m	junes		hour
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DIVISION	THIS CERTIFICATE SP. WRITING THE WOR WARDED TO THE C PAGE 3 SHOULD BE PAGE 3 SHOULD BE STATE DEPARTMENT (11201 PRIOR TO BURIA	MEC	WHILE NOT WHILE AT WORK	STREET FACTORY SARA ETG 1	211 LOCATION STREET	CITY OR TOWN	COU	NTY	STATE
	R: THIS (PANIT) PAGE STATE	-		af the remains described obove, held on	Autopsy , Inspec				
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	TO PAG TO AFTE BALT	23a.B	JRIAL CREMATION REMOVAL 23	b. DATE 21L SIAME OF C	EMETERY OR CREMATORY	23d. LOCATION	2011		STATES
00	BP	100	hereal o	1.7-1980 Geder	Hiel ten.	CITY OR TOWN	9.4.6	o. 12	ind.
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1	- STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	9 9	NO.	Aco	DST
	PECEASED NAME (PE OR PRINT)	EMMA		A.		ANAN	20 DATE OF DEATH		1980	26. HOUR 1240P
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70.	BIRTHPLACE (STATI	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIORCED	9 BALTIMORE CIT		OF DEATH	,,
2 10	CITY OR TOWN OF	DEATH	I NAME OF H		G HOME C	ROTHER INSTITUTION	12a USUAL OCCUP	ATION	12b. KIND O	F BUSINESS O
	Maryland	136 COUNT		GIVE RESIDENCE BEFORE	V	134 INSIDE CITY LIMITS?	130 STREET ADDRES	lt Rd.		21122
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ny injury, or other	PART 2 OTHER	immediate stating the ause last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 10	, .
n 18 shows any in	19a DATE OF OF	ERATION	1% CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
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em 21 is	say the de above, (M)	ceased alive an_ re) (did nat)	17 186	e deceased fram_ 190 19 affer death.		d that in (my) (aur) apinian	death accurred an the	date and haur		
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MPORTANT 230		RGE B. R			V	7845 OAKWOOD			RNIE	
_ 230		ation	8/23/			emetery or crematory y Process, Inc	23d LOCATION CITY OR TOWN Catonsvi	MARYLAN Le Ba	lto.	Md
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X L C P I I O S TO S TO S AUGUST 21 1080 1240P TURY BURNTE NORTH ARTHORI, MOSPITAL DR. JORGE N. RAMIREZ M.D. "RAS OARMOOD RD. 1205 GLET STRATE

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A September 1	3. SE	LEMBLE	WHITE	5. DATE O	F BIRTH	6 AGE
he funeral dividing 22 norm.	70. B	IRTHPLACE STATE OR FOREIGN (STATE OF FOREIGN) SROOKLYNNY	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWE	NEVER MARRIED	9 BALT
Of the fulled with	10.9	NN APOLIS		ET ADDRESS)	ROTHER INSTITUTION	12a USU (TYPE OF
filled in ould be	13a	AL RESIDENCE (IF NURSING HOME OF	TY OR TO	ORE ADMISSION) WN Y021S	134 INSIDE CITY LIMITS? YES NO [13278
and 2 sh	14 F/	EDWIN	MIDDLE NELSO,		HILDEGI	ar ARI
Pages 1	160 \	WAS DECEASED EVER IN U.S. AR YES, NO OLUNYNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	CURITY NO.	EDWIN H	1, 1
nding physician and co corbanpapers. Pages I , ar remaval. natic event, the medical		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one couse per line for (a), (and ic		
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has bee permit ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 A
Mental Hygie or Item 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE/	AIN .	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENT
marked ar Item	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	
21 is mar		220.1 certify that (I) (this haspi	ital) ottended the deceased from		d that in (my) (our) opinion o	, to_
Dept.		22b. SIGNATURE	m. Ala F.M.	5h, p4	DEGREE ATTENDING PHYSICIAN	MEDIC
0 1		RORERT.	BIERN MD	,	Drages ADDRESS	
should with the	1=	1 1000-111				1000

236. DATE

REG. NO. MONTH 26 HOUR E OF DEATH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 20 IMORE CITY OR COUNTY OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EASE OR CONDITION GIVEN IN PART 10 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES | TER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) STREET CITY OR TOWN COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE, SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Sh. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2n DATE OF DEATH DAY 26. HOUR (TYPE OR PRINT) 45 GEORGE IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) DAYS To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BAITIMORE CITY OR GOUNTY OF DEATH MARRIED NEVER MARRIED ot Columbia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR OT IN SUCH FACATTY, GIVE STREET ADORESS (TYPE OF WORK FOR MOST OF WORKING LIFE) NOUSTRY nnettrundel nutacturus USUAL IDENCE IN HURLING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. 51 YORTOWN 13d. INSIDE CITY LIMITS? 13e. STREET Ortol NO X YES T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE JEO19E hering ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO R INKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b). gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO IFICATI 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 4 YES | NO I CERTI 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE -NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on abave (I) (we) (did) (did not) view the body after death. and that ig (my) (aur) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23d. LOGATION NAME OF CEMETERY OF CREMATORY CREMATION, REMOVAL 23b. DATE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

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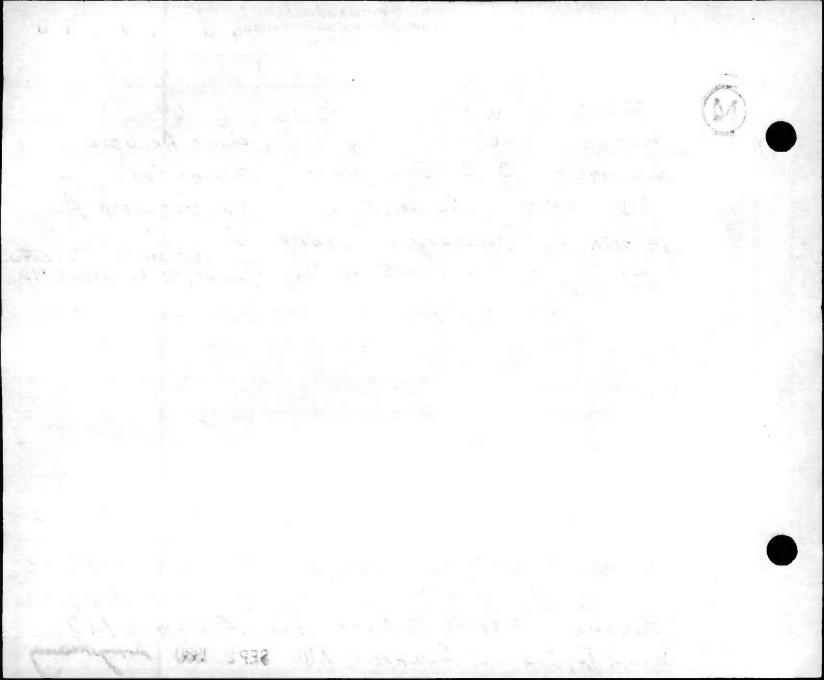
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centricate be executed within 24 hours after

retained by the haspital ar attending physician.

	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH	
1		ECEASED NAME FIRST PARTIES AND	A PACE. MIDDLE LAST PRICE 15. DATE OF BIRTH	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 2 2 50 G AM 6 AGE (IN YEARS LAST BIRTHDAY) T IF UNDER 1 FUNDER 24 HRS
4)		FEMALL	TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	MONTHS GAYS HOURS MIN.
offied of gr	10 0	TORIDA ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INCOME) IN SUCCESSION OF THE INSTITUTION OF T	HUNE HRUNDEL MD.
Manual bearing	USU 13a	AL RESIDENCE (IF NURSING HOME OR 13b DUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 JUNE 134 INSIDE CITY LIMI YES NO OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMI YES NO OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	15? 130 STREET ADDRESS AVE.
l comingo	F	ATHER'S NAME ATRICK J. WAS DECEASED EVER IN U.S. AR/	MIDDLE DU NES AVY MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	G. MIDDLE JUDGE LAST
physician and compages and company of the medical cent, the medical			WAR OR DATES) 220 164751 MRS. MARY	A Dammeyer ANNAPOLIS MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the attending Then please remave carbon to burial, cremation, ar ret njury, ar ather traumatic ev	NOI	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT C	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
nsit permit rgiene prior shaws any i	CERTIFICATION	19a date of operation	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
mal-tra ental Hy Item 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b, TIME OF INJURY 21c, HOW INJURY OF HOUR A.M. MONTH DAY YEAR 21c, HOW INJURY OF HOUR A.M. MONTH DAY YEAR 19 21l, LOCATION STREET FACTORY, OFFICE, FARM, ETC.)	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
for use as af Health 21 is mar		22a.l certify that (I) this haspit saw the decreased alive an abave, (I) we (did) (did not	al) attended the deceased from 19 , and that in (my) our op	SO, ta S/27, 19 80, that (1) (a) last pinian death accurred an the date and have and from the causes stated
should be detached with the State Dept.		226. SIGNATURE JULY 226. PHYSICIAN'S NAME (TYPE OR		
should with th	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE P-29-80 ST. MARKY & CER	Cathedral St Annap Md ORY 23d. LOGATION ORY 23d. LOGATION ORY COUNTY D STATE
50M 1/76 5 (4))	24 pf	UNERAL DIRECTOR NAME M. TAYLOR		SEP 2 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

BP



executed

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or offending physician.

BP

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

		FOR STATE REGISTRAR	1 9	3 5	1				
		CEASED NAME FRST OR PRINT) Merke	Dean	Bri	Horgham	20 DATE OF DEATH	3 12	80	450A
	3. SE)	Male "	RACE	5. DATE (DF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF UN MONTH	DEN TENK	F UNDER 24 HRS HOURS MIN.
35	,7a. BI	RTHPLACE (STATE OR FOREIGN 76 Balthore	CITIZEN OF WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED S	BALTIMORE CITY O	Frence	L	MD.
00	100	erena ferk	HE OF HOSPITAL, NURS	ET A DRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI			BUSINESS OR
3/	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR O	HER INSTITUTION, GIVE RESIDENCE BEFORE ALL STATES TO SERVICE TO SE	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	134 STREET APPRESS.	twood c	+	
2	IL FA	STHER'S NAME Schald (Yell	be Bothir	shan	15. MOTHER'S MAIDEN NA FIRST	e Fanet	e	Ream	ع
medicol		VAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	EDEDRCES? 66 SOCIAL SEC	URITY NO.	Geraldine Be	ADDRE	58 495 B		rk MD
ent, me		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	res p	waton An	est		APPROXIMA BETWEEN ON	SET AND DEATH
Somonic		1550 Conditions, if ony, which	DUE TO, OR AS A CONSEQ	MUNCE OF	ted Hepa	tocollular	Ca	9mos	
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		7/4		63	
alory, or	NO	PART 2 OTHER SIGNIFICANT CO		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 1(01	
2	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	n was performed	20g AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES	
	ICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
The state of the s	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN C	YINUO	STATE
ZIII SI 17		220-1 certify that (1) this hospito saw the deceased live on above, (1) we) (did did not)	(1/2	CO	nd that in (my) (our) opinion	death occurred on the de	ete and hour and	from the co	ot (I) (we) lost uses stoted
nea n		17h. Shanature	anow		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF \	S//2	
No.		22d. PHYSICIAN'S NAME LIVE ORP	SIALISSO	W	MAS HE	rdons He	metal	Den	+ Peals
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 236 8-14-80	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	J 5	JNTY	STATE
	24 FU	Pobert S. Bar.	ADDRESS	501 R	tchie Hay 35 AN	GE TEN SONAR	250 REGISTRA	SIGNATUR	A STATE OF THE PARTY OF THE PAR

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and campletely filled in by the funeral directarages 1 and 2 shauld be filed within 72 haurs at

carban papers. Pages

this certificate has been signed by the attending physician to burial-transit permit. Then please remave carban papers. Pind Mental Hygiene priar to burial, cremation, ar remaval.

should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

injury, ar ather traumatic event, the

executed

PHYSICIAN: The attending physician

ATTENDING

HOSPITAL

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEDTIEIC ATE OF BEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	O.		
	CEASED NAME FIRST	MIDDLE	Daniel IN		20 DATE OF DEATH	MONTH DAY	YEAR GA	26 HOUR
SE	11166	GOUC ASIAN	5. DATE OF BIRTH	1914	AGE (IN YEARS LAST BIRT	HOAY) IF U	NOER I YEAR	IF UNDER 24 H HOURS MI
BI	IRTHPLACE (STATE OR FOREIGN 716 PUTUCKY THE PROPERTY OF THE	CITIZEN OF WHAT COUNTRY?		MARRIED	ANNE ANNE	/	DEATH VDEC	
4	WNAPOUS ,	NAME OF HOSPITAL, NURSING	GHOME OR OTHER IN		120 USUAL OCCUPATE TYPE OF WORK FOR MOST O LNSTKUCT	ON F WORKING LIFE)	PUSTRY	EUSINESS CHOOL
SU. Sa. S	AL RESIDENCE (IF NURSING HOMEOROTH STATE D 13b SQUINT	HER INSTITUTION, GIVE RESIDENCE BEFORE A		CITY LIMITS?	1027 Fo	KEST	Hore	8 Ac
FA	WATSON E	CAUDILI	L 15. MOTHER	FIRST 2/16	E MIDDLE	Be	RRS	/
a V	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		677 Lind	AD BRO	WN AWA	O RAM	BLE	LD.
	PART 2 OTHER SIGNIFICANT CONT	DUE TO, OR AS A CONSEQUEN (c) A S A CONSEQUEN (c) A S A CONSEQUEN (c) A S A CONSEQUEN	NCE OF PRINCE	SQ D TO THE TERMIN	DSS ULULA NAI DISFASF OR CONI	DITION GIVEN		MATE INTERVAL
IFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH C	mentra	00 00	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYING YES	ERE FINDIN	GS USED
MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	Y YEAR 19 21f. LOCAT	ION	D (ENTER NATURE OF INJUR		OR PART 2)	STATE
	22a. I certify that (I) (this haspital) saw the deceased alive an abave([b](we) (did) (did) (vi 22b. SIGNATURE	new the bady after death. 19 F	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAP	F _		
	22d. PHYSICIAN'S NAME (TYPE OR PRI	(NT)	22e. ADDRE	SS				10000

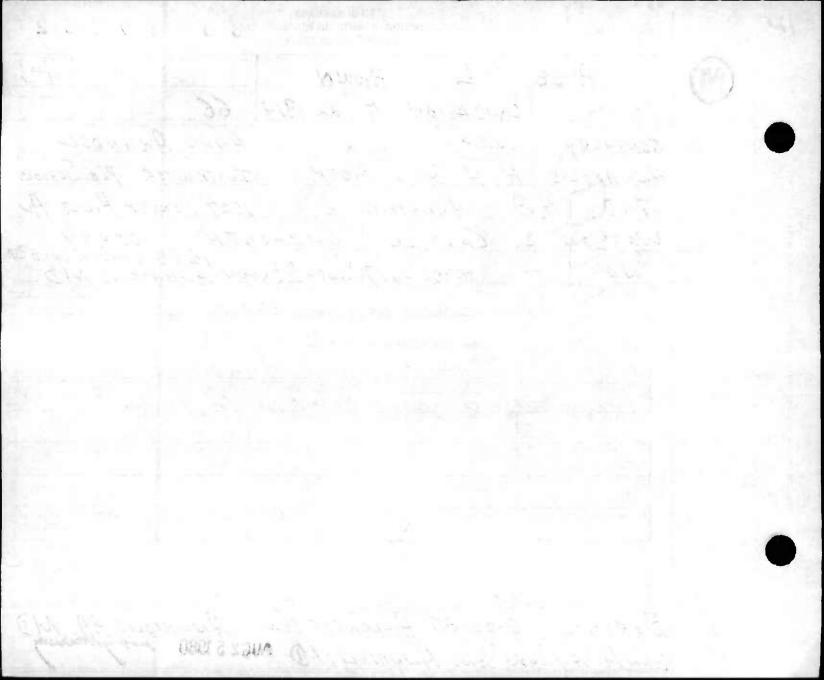
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DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

236. DATE 8-12 230. BURIAL, CREMATION, REMOVAL



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230 BURIAL CREMATION, REMOVAL

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Hygiene

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

FOR - STATE REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS YRS To. BIRTHPLACE STATE OF BOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED MD 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 176 KIND OF BUSINESS OR (# NOT IN SUCH FACILITY GIVE STREET ADDRESS) THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY nna HRUndel AMMO (90h 00 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE STREET ADDRESS 136 COUNTY CITY OR TOWN 134. INSIDE CITY LIMITS? NNAFOL YES [NO IL FATHER'S NAM 15. MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
(YES, NO 51 UNKNOWN) (IF YES, GIVE WAR OR DATES) 146 SOCIAL SECURITY NO **INFORMANT** 219-30-312 APPROXIMATE INTERVAL IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IFICATION 20a AUTOPSY? 10 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO YES [NO [CERT 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 27a | certify that (1) (this haspital) attended the deceased fram 8-19 saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) v ewthe body after death 77h SIGNATURE DEGREE 77c DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN PHYSICIAN 774. PHYSTCIAN'S NAME (TYPE OR PRINT) 27e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23d MOCATION

TITY OR TOWN

GISTRAR 256 RECKTR

should be detach with the State D MPORTANT: 0 **DHMH-16 25M** (VRA 15, 4) 1/79

FUNERAL

LICE IN COMMENTS AND ASSESSED. The standard of the standard of the and I am hear Tree Town the F

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal retained by the hospital or attending physician.

4 may be

/	1	500			E OF MARYLAND		1 0	- 1 Pm 44
15	1.	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	REG. N	1 9	3 3 4
		CEASED NAME FIRST	MIDDLE	2	AST		MONTH DAY YEA	26. HOUR 7 30
ath 3	2.65	Incode		DU Is date of	nay	6. AGE (IN YEARS LAST BIRT	HOAY) FUNDER 1	AM
11	3 SE	Female	NEGRO C	MONTH		AGE (IN TEARS LAST BIR		DAYS HOURS MIN
2 de 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED O	ADDE Aru	rdel Co	H MD.
ed within	10 8	nnapolis	11. NAME OF HOSPITAL, NI A (IF NOT IN SUCH ACRITY, GNE AND HILL		or other institution to the Hosp.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR STRY
and 2 should be filed a	USU 13a	AL RESIDENCE (IF NURSING HOME O	MIY IN CITY OR		134. INSIDE CITY LIMITS?	13 STREET HODRESS	ncents.	+
medical exam	14. F/	WILLIAM	MDDLE SIMM	İS	FLORENCE	HELEN		CHÂSE
ages 1 the me	160 N	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL 216-3	SECURITY NO.	7 HELEN V. S	PEARS 213 R	Annapolis	, Md.
carbon papers. Pon, or removal.		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	nly ane cause per line far (a) (ED BY TE CAUSE (a)	ve bya	/ infancti	m	RETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
carbon ion, or r trauma		Conditions, if any, which	DUE TO, OR AS A COM	SEQUENCE OF	la libille	tin	1	week
al, cremation	NO	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A SON		ial infarete	рн	1	week.
hen pleas r to burial ny injury,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(a)
permit. The series of shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS USED USES OF DEATH? NO
al-transit permental Hygiene		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PAR	IT 2)
s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, O		21f LOCATION STREET	CITY OR TOV	WN COUNTY	Y STATE
use a Heal		220.1 certify that (1) (this hosp saw the deceased alive ar	1 121	7/11/	nd that in (my) (aur) apinian	death accurred on the de	19 80 ate and haur and from	, that (I) (we) last in the causes stated
ept f		276 SIGNATURE	V. Linzer		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _ A	pate signed
should be detached for with the State Dept. of IMPORTANT: If Item		224 PHYSICIAN'S NAME (TYPE OF CHARLES		M.D.	ANNAPOLIS	MARYL	AND 214	101
w Sh	230. B	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY	STATE Many and
H-16 25M		UNERAL DIRECTOR	Annapo	lis. Md.		E REC'D. BY REGISTRAR	25h PEGISTPAP'S SIG	Maryl and
15, 4) 1/79	MT	LLIAM REESE & S	SONS MORTUARY,	P.A.	AUG	6 1980	hodesall	

DOUBLY, MONTH 213 TORSTON . I. My could infraction of the said - Dept to A Dr. 22 plate 18 part Charles W. Linier Argent 1920 CHARLES W. KINSER MID - ASNADEB MARYLAND 21401

FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND	GIENE	1 10 110	The Sea
1 - STATE REGISTRAR	ME	EDICAL EXAMINER'S		36 11	1 7 3	2 3
1. DECEASED NAME	FIRST	WIGDLE	LAST	20. DATE KNOWN		YEAR 76. HOU
(TYPE OR PRINT)	JENNITER	\mathcal{B}_{ν}	19855	OF ESTI- DEATH MATED	8 31	1980 P
3. SEX 4. F	ACE S DATE OF BIRTH		JNDER 1 YR. IF UNDER 2		MONTH CAY	YEAR 2d. HOU
F	1./	3 1959 21 YRS.	OTHS DAYS HOURS	MIN. PRONOUNCED DEAD	8 31	180 0
70. BIRTHPLACE (STATE FOREIGN COUNTRY)	OR 7b. CITIZEN OF W	VHAT COUNTRY? 8. MAR	RIED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF	DEATH
Indiana	U.S.	(3.6	WED DIVORCE	11/2	undel.	OUNTY M
10. CITY OR TOWN OF		SPITAL, NURSING HOME, OR OT FACILITY, GIVE STREET ADDRESS)	THER INSTITUTION	12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 12b. K	IND OF BUSINESS OR INDUSTRY
HNNGho!	15 HUNE	Spoutel. Ger	verek	Receptionist	E1e	evator
130. STATE	NURSING HOME OR OTHER INSTITUTION, C	13c. CITY OR TOWN		13e. STREET ADDRESS		
Maryland 14. FATHER'S NAME	Baltimore	Baltimore		921 Pontiac A	venue	
FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE		LAST
Harry	/ER IN U.S. ARMED FORCES?	Burgess 166. SOCIAL SECURITY NO.	Janice 17. INFORMANT	Lee	Richar	rdson
(YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	-			**	
NO 18 CAUSE OF D	EATH (Enter anly ane cause per lin	1311-72-6496	Janice Lan	ter Same As	13e	APPROXIMATE INTERVAL
PARTIDEAT	H WAS CAUSED BY:	ne for (d), (b), and (c)	A. 2.10	tools budges.	BET	APPROXIMATE INTERVAL
38192	IMMEDIATE CAUSE (a)	R AS A CONSEQUENCE OF	much	- June	0	and the
	if any, which ta immediate (b)					
cause (a) sta	ting the under- DUE TO, O	R AS A CONSEQUENCE OF				
lying cause l	<u>151.</u>					
	CANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	1 (a).	·· = ·	
196. DATE OF OP						
190. DATE OF OP	ERATION 196. COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20.	AUTOPSY?
21g. EXTERNAL C	AUSE WAS 216. TIME C	NE INTILIDA	HOW IN LUIS OF STREET			YES NO.
	OR HOUR A.	M. MONTH DAY YEAR	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 1:	8 PART I OR PART 2)	
21d INITIRY OCC	CAUSE OF DEATH PLACE		Value of	e acuting	- paros	yell
WHILE AT WORK	OT WHILE STREET, FAI	CTORY, FARM, ETC.)	STREET 50	CITY OR TOWN	COUNTY	STATE
		herry	New -		PACO	DW
1	nat I taak charge of the remains de	escribed above, held an Auto	opsy , Inspection	lnquiry 1, o	ind in my apinian	
death resulted f	rant: - Natural causes :: ,	Accident , Suicide L	Hamicide	Undetermined manner	,	
ACTUAL C	65 South	12 of	TITLE (SPECIFY)		DATE	7-1-80
ISIGNATURE	- Chinachar		M.D. Depode	MEDICAL EXAMINER	SIGNED.	
EXAMINER'S NA.	WE E-Linsha	colf	ADDRESS	espalis me	9	
23g BURIAL CREMATIO	N,REMOVAL 23b. DATE	23c. NAME OF CEMETERY	The second second	23/LOCATION CITY OR TOWN		
(SPECIFY) Buria	1 Sept. 4 1	980 Elkhorn Cem			diana 4	STATE
24. FUNERAL DIRECTO	R Addres	is A	25a. D. SER		SIST CAR THENA	SALE STATE OF THE PARTY OF THE
Beall F.H.	9013 Anna	polis Rd. Lanha	m, Md.			K.

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STATE OF MARYLAND

DEPART	MENT O	F HEALTI	I AND	MENTAL	HYG	IENE	0
DEPART AEDICAL	EXAM	NER'S	CERTI	FICATE	OF [DEXTH	

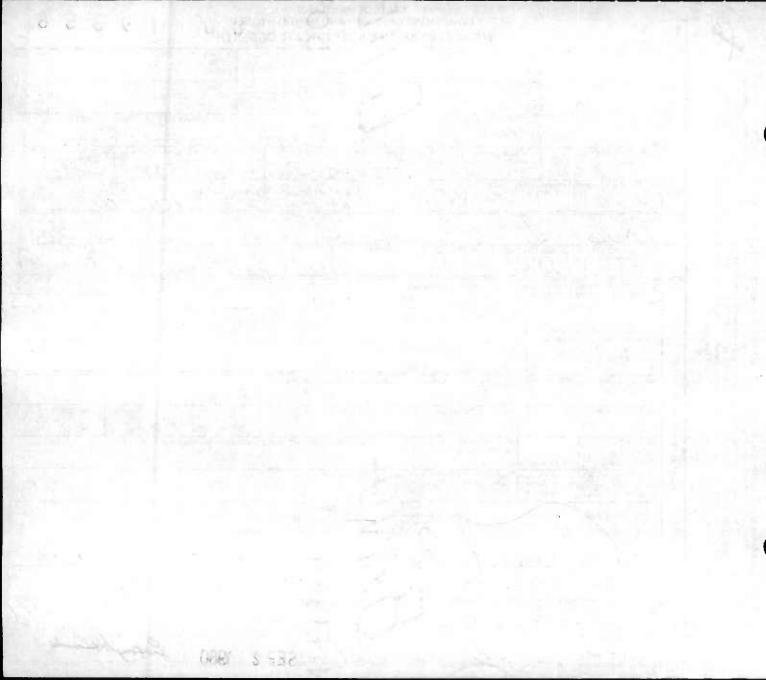
1-	FOR STATE REGISTRAR			PARTMENT OF I		CATE OF DE	SE O	REG. NO.	9	ې	5	6
	CEASED NAME OR PRINT)	AE FIRST		IDDLE	Byron		26. DATE KN OF DEATH M	ESTI-	MONTH	DAY	YEAR 1980	2b. HOUR
3. SEX	ale	4. RACE White	5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE (IN YEAR LAST BIRTHDA	ARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE PRONOUNC DEAD	ED	MONTH 8	22 22	YEAR 1980	2d. HOUR 4 PM
7a Bi	RTHPLACE C	STATE OR	OB. CITIZEN OF WHAT	COUNTRY?	8. MARRIED N WIDOWED	EVER MARRIED DIVORCED	9. BALTIMO	Arund		Coun		MD
	TY OR W		Econo-Lode	ry, GIVE STREET ADDRESS) ge Rt. 17	75 & Balto	FOR	MALACCUPA MOSTOF WORKIN		OF WORK		ND OF BU SINDUST	ISINESS P7
13c. S	ATE A	E (IF IN NURSING HOME 13b. COU	OR OTHER INSTITUTION, GIVE RENTY	ACITY OR TOWN		CITY LIMITS? 13 STI	REET ADDRESS	VCNS	ske	Q.		
14.6	har	les	MODIE 7	Biscos	15. MOT	lear	E MIDE	de L	lle	aar	LAST	er
16a V (YI		ED EVER IN U.S. A		6. SECURIT	Y NO. 17. INFOR	raine	Bus	ADDRESS	38	Ste	wen	a Rd
z	gave couse (lying co	ons, it ony, which one to immediate to immediate to stating the under the un	th (b)	A CONSEQUENCE (OF OF							
CERTIFICATION	19s. DATE C	PF OPERATION	196. CONDITIO	N FOR WHICH OPER	ATION WAS PERFO	PRMED?					NUTOPSY	? NO 🗆
MEDICAL CERT	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	F DEATH P.M.	ONTH DAY YEAR 19 INJURY (ATHOME, r, FARM, ETC.)	211. LOCATION STREET Autopsy X, icide , Hom	Inspection	Inquiry E	ond ,		UNITY cinion	/23/	STATE
	EXAMINER' (TYPE OR PE	(TMI)	mas D. Smith		ADDRESS	111 Penn	St	Bal	to.,	MD		
le	rem	ation	8:26.80	Likee	NING	int [salte	mor	il	it	40	Md

DHMH - 17 (VR A15 ME (5)) 15M 7/76

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Pirtry Halandy



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PLEASE	JIE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DRIEFTOR	4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PACE 5 FOR TOUR FILES	INERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS	DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF-VITAL RECORDS, 300 W PRESTON STREET	
	TH.	E S	RW.	PA	STA	
	VER	CATI	FO	OR:	뽀	
	MIL	TIFIC	BE	ECT	THI	
	EXA	CER	910	DIR	3	
	AL	٣	HOL	MA	ATH	
	EDIC	JTE 1	4 5	NE	DE	-

	DEC	EASED NAME	FIRST	ME	MIDDLE	AMINER'S C	AST AST		o. DATE	KNOWN X	_	DAY	YEAR	2b. HOUR
			Hilda		Grey				DEATH	MATED	8	9	1980	M
3		male	1 RACE Black	5. DATE OF BIRTH MONTH DAY 3-16	- 444 E	3 6 YRS.		MIN. P	RONOUN		MONTH 8	9	1980	10:00
	FO	RTHPLACE (ST REIGH COUNTRY)	rolina	7b. CITIZEN OF W	S.A.	9 8. MARRIE WIDOWE	D DIVOR	RCED	Ann	e Arun	del	Cou	nty,	MD.
-	A	nnapol	ls	North Se	evern Na	aval Stati	e institution Lon	FOR M	OST OF WOR	(ING LIFE)	OF WORK	8	R INDUSTR	SINESS
5	3a. S1	ATE D.	13b. COUNT		13c. CITY OR	na Par K	YES NO E	86			ingl	bam.	s Co	שעכ
2		THER'S NAME	EVER IN U.S. ARM	WIDDLE		S	Adel	E 10	M		Bu	inc	LAST	•
	(YE	s, no, or unkno	WN) (IF YES, GIVE W	PAR OR DATES)	577-	Campbell Set No. 20 A Set No. 1 Set No. 20 A Set No. 20								
		PART I DE	ATH WAS CAUSED	y ane cause per line BY: E CAUSE (a)								BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
1	7		s, if any, which	DUE TO, OR	R AS A CONSEQ	DUENCE OF								
Š		cause (a) lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQ	UENCE OF								
	NO	PART 2 OTHER SIG	ENIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a).						
			ORERATION	19b. CONDI	TION FOR WHIC	CH OPERATION WA	S PERFORMED?					20.	AUTOPSY?	
	TIFICATI	190. DATE OF	OPERATION									8	YES X	NO 🗌
1	U	210 EXTERNA	L CAUSÉ WAS	21b. TIME O HOUR A.A EATH 8:00		19 80 -Sul	ect-dro	wned-	Subje	ect ie	ARTIOR P.	ART 2)		
3	MEDICAL CERTIFICATION	216 EXTERNA UNDERLYING CONTRIBUTION 216 INTERPLE	L CAUSE WAS OR NG CAUSE OF D	HOUR A.M 8:00	K 8 9	19 80 -Sul	oject-dro	wned-	and convocation	ect fe drown	; 1 T	from	m boa	
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133		210 EXTERNA UNDERLYING CONTRIBUTIN 210. INJURY C WHILE AT WORK	L CAUSE WAS OR GO CAUSE OF D CCURRED NOT WHILE AT WORK y that I took charge	HOUR A.A 8:00 21e. PLACE STREET, FAC WA1	A. MONTH DA' K 8 9 OF INJURY (AT TORY, FARM, ETC.) ter	19 80 Sul 19 80 Sul 19 80 Sul Seven Seven Suicide ,	oject-dro ATION North ern Naval Momicide TITLE (SPECIFY)	Stati	end on on, and inquiry	Annapo , and	lis,	ART 2) I Y OT DUNTY A. pinion	A.,	state Md.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours oft with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

er must be notified at once.

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9359
(TYPE	CEASED NAME FIRST OR PRINT)	ANN	CHANNING	20. DATE OF DEATH MONTH 8 2 7 8 6. AGE (IN YEARS LAST BIRTHOAY)	DAY YEAR 26. HOUR 1:58AN IF UNDER 1 YEAR 16 UNDER 24 HRS
3. SE	F'	WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
7e. 8i	OUNTRY CHAIN STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	HUNE HEL	INDEL ME
E	UN APOLIS	994 PELV	IN FORD	120. USUAL OCCUPATION INTO USE WORKING	126. KIND OF BUSINESS OR
	AL RESIDE NOT NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY		13 GALF PELVIN	RD.
	EDWIN ^	D. ALP	15. AOTHER'S MAIDEN N. ELIZAWO	R WIDDLE	Beooks
	VAS DECEASED EVER IN U.S. AI YES, NO ORIUNKNOWN) (1F YES, GIV	RMED FORCES?	0-8884 CHARLES	E. CHANNING S	1,#13
	PART I. DEATH WAS CAUS	nly one couse per lime for (o), (b), of ED BY: ITE CAUSE (o) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (b)	Cell carcinema	of lung.	APPROGNATE INTERVAL BETWEEN ONSE AND DEATH
NO		((CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION O	SIVEN IN PART 1(a)
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	h operation was performed	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \)
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE TWORK NOT WHILE 220.1 certify that (I) (this hosp sow the decedsed alive of	AATH HOUR A.M. MONTH I P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f. LOCATION STREET 19	RRED (ENTER NATURE OF INJURY IN ITEM I	COUNTY STATE , 190 , that (I) (we) lost
	226. SIGNATURE	of) view the body after greath.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 8/27/80
	THE HARD	FEBLER	121 CAHFED	RAL St. HU	uppohis Mo.

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DHMH - 16 50M 7/77 (VR A 15 (4))

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4		FOR STATE REGISTRAR	C	T OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	REG. NO		60
*	1. DE (TYPE	Beatric	ELIZA beth	~/+a	20 DATE OF DEATH	-28 - 8C	2b HOUR
1	3. SE			DATE OF BIRTH MONTH DAY VEAR VEAR	6 AGE (IN YEARS LAST BIRTI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN
35	7a B	RTHPLACE (STATE OR FOREIGN 78, CI DUNTRY)			AND AC		MD.
00	A	napolis a	NAME OF HOSPITAL, NURSING H IF NOT IN SUCH SACIETY, GIVEN REET ADDR	OME OR OTHER INSTITUTION ESS) POP	12a USUAL OCCUPATION	ON 126 KI F WORKING LIFE INDUS	STOPE
See be	13a.	AL RESIDENCE OF NURSING HOME OR OTHER TATE	INSTITUTION, GIVE RESIDENCE BEFORE ADM		13e STREET ADDRESS	ver 3	Street
21 Communer	14.5	THER'S NAME FIRST A P L C S S S	lward Ad	15 MOTHERS MAIDEN NAM	e++AMIDDLE	Hebr	- N N
medical		AS DECEASED EVER IN U.S. ARMED ES. NO OB UNKNOWN) (1F YES, GIVE WAR (NO. 17 INFORMANT	d. Ada	us Sam	6 13E
emoval.		18. CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CA	(Dadic	re death			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ation, ar r traumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	E OF artery	Discore	- 1	y).
ol, crema ir other tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENC	E OF /			
injury, o	NOI	PART 2 THER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN IN PA	RT 11a
Q aws only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed (20a AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH?
Item 18 sh		2) a. ACCIDENT WAS UNDERLYING	P.M. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	RT 2)
marked ar It	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.	21f. LOCATION STREET	CITY OR TOW	N COUNTY	Y STATE
21 is ma		220.1 certify that (1) (this hospital) a saw the deceased alive an above, (1) (well-did) (and not view	Mel 19 XC	, and that in (my) (our) opinion d	, taan the do	eard , 19 ate and have and from	, that (I) (we) last in the causes stated
T. If Hem		22b. SIGNATURE	ikow	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F V	128/80
IMPORTANT		PETER GOOD	er Kowy	Fre ADDRESS 49	tored,	21603	3
₹ -	23a	URIAL, CREMATION, REMOVAL 231	-2 - 80 ST	E OF CEMETERY OR CREMATORY	PM/DCATION IT ON IDWIN	Act S A	AMd
/76	21.5	INERAL DIRECTOR	7 ANNAD	OLIS-MA SE	P 3 1980	25b. REGISTRAR'S SIG	SNATURE SE
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DHMH - 17

(VR A15 ME (5)) 30M 7/73

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 8 100 **PALTIMORE CITY OR COUNTY OF DEATH** 12b. KIND OF BUSINESS OR INDUSTRY Justen LAST BRONSON A. CLAXTON 1161 SUMMIT ANNAPOLIS. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 min 2D. AUTOPSY? YES NO A 204 and in my apinian COUNTY STATE MARYLAND 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WALTER BROOKS BRADLEY, "INC. BALTO., MD. 21222

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				STATE OF MARYLAND			
- STATE REGISTRAR			DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 8 0	. 9 3	6 2
1	1 DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
П	(TYPE	OR PRINT)	Franklin	Carteis		8-31-80	6:45
	3. SE)	De	JARACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	-	IF UNDER 24 HRS
П	3.367	M	1	MONTH DAY YEAR	n	MONTHS DAYS	HOURS MIN
1	2 20	11		3-24-02		O YRS.	
d	/a. Bil	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH	
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	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING UK, NOT IN SUGH FACILITY, GIVE STREET A		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		F BUSINESS OR
3	A	NNAPOLIS	A. A. G-eN		()	re Doc	PC
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H	130 3	130 000	A. A. A. A.	YES NO 17	STREET ADDRESS	LANGE STATE	in Rose
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П		NO	215-07-	2000 CLAYA G.	reen 53	OLD JONE SIA	un he
		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and	lieu - A		BETWEEN C	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH WAS CAUS	TE CAUSE (0) Subara	chnoid hen	- BALLE	e 6V	rours
		421-		NCE OF			
		Canditians, if any, which	DUE TO, OR AS A CONSEQUE	NCEOF			
		gave rise to immediate	(b)				
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		2 3 30 1	
		DART 2 OTHER SIGNIES AND	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMI	ALAL DISSASS OR COM	DITION COVEN IN BART IV	
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RECATED TO THE TERMI	NAL DISEASE OR CON	IDINON GIVEN IN PART TO	
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN	GS USED
4	LIFE						OF DEATH?
1	-				YES NOT	YES 🗍	NO []
	66	710. ACCIDENT WAS UNDERLYING		21c HOW (NJURY OCCURR			NO 🗌
9	_	OR CONTRIBUTING CAUSE OF DE	ATH HOUR AM MONTH DA	Y YEAR			NO [
9	_	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR			NO [
7	MEDICAL CER	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE	ATH HOUR AM MONTH DA	Y YEAR 19 21f LOCATION		RY IN ITEM 18, PART 1 OR PART 2)	NO _
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9	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify tho (1) (this hosp	ATH HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f LOCATION STREET	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	STATE
9	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 214, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify tha (1) (this hasp	ATH HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA iital) attended the deceased from	Y YEAR 19 21f LOCATION STREET	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2) WN COUNTY	STATE
9	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 214, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify tha (1) (this hasp	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f LOCATION STREET and that in (aur) apinian of DEGREE	CITY OR TOV	wn COUNTY 19 20, ate and haur and from the	STATE that (II) (we) las
9	_	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 214. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify tha (11) (this hasp saw the deceased aline a above (11) (we) (did ided in	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 21f LOCATION STREET and that in (aur) apinian of DEGREE	CITY OR TOV	wn COUNTY 19 01e and hour and fram the county FF 22c. DATE	STATE that (II) (we) las
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9	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify tha (II) (this hasp above (II) (we) (did) (did of not	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 21d view the body offer death. 22d PRINTE 23b. DATE 23c. N 23c. N 23d PATE 23c. N 23d PATE 23c. N 23d PATE 23d. N 23d PATE 23d. N 23d PATE 23d. N	Y YEAR 19 21f LOCATION STREET ARM, ETC.) 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS 152 AME OF CEMETERY OR CREMATORY APPENIERS HILL	CITY OR TOV	wn COUNTY 19 SO, ote and hour and fram the county A COUNTY COUNTY	state that (ii) (we) las causes stated SIGNED

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executed within 24 haurs after death. Page 4 may be requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	0	1	9	3	6	
CERTIFICATE OF DEATH		REG. NO					
LAST	2a DATE (DEDEATH A	ONTH	DAY	VEAD	25 HO	11

	R	EGISTRAR				CEKITI	ICATE OF DEATH	REG. N	0		
	1. DECE	ASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TIPE OR	1	MARIE	N	F.	C	0551.10		8-1	-80	1129
	3. SEX		1119111	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY)	IF UNDER I YEAR	IF UNDER 24
	T	alama		whi	7.	MONTH	- 14 - 01	,	79 vac	MONTHS DAYS	HOURS A
100	7o. BIRTI	APLACE ISTATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	R COUNTY	OFDEATH	
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1 -		OR TOWN OF D	EATH				OR OTHER INSTITUTION	120. USUAL OCCUPAT		126. KIND C	OF BUSINESS
红 2	Α	napolis			CH FACILITY, GIVE STREET		77 7	(TYPE OF WORK FOR MOST	OF WORKING LIF		
- Pe	USUAL	RESIDENCE (IFNU	IRSING HOME OR		rundel Ge		Hospital	L.P.N.		Nurs	ing
1 State	130. STA	-	13b COUN		13c CITY OR TOW		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
		yland	Anne	Arunde.	Annapol	15	YES NOTER'S MAIDEN N	785 Sonne	Drive	, Bon H	aven
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8/6/L		lewton	D Division of		Cook		(Unknown)	ADDR	Ecc	Harris	on
edical		S DECEASED EVE		WAR OR DATES)	1,50		17 INFORMANT		E 5 5		
e a		No			538-32-0	1565A	Sherrill E.	Briggs (sam	e as		
†, ‡	18	PART I. DEATH	TH Enter on	ly one couse per	line for 101, (b), on	id ic	1 . /	,		BETWEEN	MATE INTERVA ONSET AND DE
ven ven		PARI I. DEATH		E CAUSE (0)	(9. K91	309	1 /sche	MIA		m	11/5
y, ar ather	-	inderlying cou		(Ic)	OR AS A CONSEQUI		NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIV	EN IN PART 10	0)
injur		14									
dws any	CERTIFICATION	DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDIF YING CAUSES S	
18 54	E 21	O. ACCIDENT WAS U		216. TIME C		AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, P	PART 1 OR PART 2)	
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ked ar I	W	d. INJURY OCCU	WHILE ORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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21 is		sow the deced	sed alive on	y view the body	19	80 .	nd that in (my) (our) opinio	n death accurred on the c	ote and hou	r and from the	couses state
em	27	b. SIGNATURE	(did) (did not	t) view the body	ofter death.		DEGREE			22c DATE	SIGNED
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₹	23o. BUR	IAL, CREMATION	N. REMOVAL	236. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- Y-CII	4 61401	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2e DATE OF DEATH MONTH I DECEASED NAME FIRST LITYPE OR PRINTS VERNON AUGUST 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR 988 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY). ARUNDEL WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BURNIE NORTH ARUNDEL HOSPITAL 53 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS EP NO P YES [15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE 12 e 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IAL SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) å, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and ici. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (O 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which other gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CERTIFICATION ŏ 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ě Hygiene NO 00 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 5 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. _, that (I) (we) lost saw the deceased alive an, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat friew the bady after death 77% SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN | 224 PHYSICIAN'S NAME TYPE OF PRINTS ROAD SUITE 200 aplan 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN 24 FUNERAL DIRECTOR

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	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	9 3 6 5 DST
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	100	MAYDIE		CROUT	AUGUST 4, 19	The second secon
		Male	White	May 5, 1891	6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
77	\$.	RTHPLACE (STATE OR FOREIGN Carolina	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL	
54		GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL	HOSPITAL	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WIFE	12% KIND OF BUSINESS OF INDUSTRY OWN HOME
35	USU, 130. S Ma	TATE 136 COU	ROTHERINSTITUTION, GIVE RESIDENCE BEFOR NTY Anna 136 CITY OR TOW Undel Crofto	EADMISSION) 13d. INSIDE CITY LIMITS? 1 YES NO.	13e. STREET ADDRESS 1832 North Fo:	rrest Ct.
20		THER'S NAME FIRST	W. Rearder	15. MOTHER'S MAIDEN N Allie	AME	Quinby
1	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO NO NA NO NA NO NA NO NA NO NO					Same as #13
		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED BY: ITE CAUSE (a)	Coma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	,	Conditions, if eny, which gave rise to immediate couse to, stating the underlying cause last	DUE TO, OR AS A CONSEOU	WH	avial Laurry	EN IN PART 1(0)
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2]
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw The deceased alive of	oital) attended the deceased from	Sel, and that in (my) (aur) apinio	n death accurred on the date and hou	19, that (I) (we) lo
		22b. SIGNATURE	alam		DIRECTOR PHYSICIAN	TIL DATE SIGNED
1		SWADESH K. BE	MATIANA, M.D.		RITCHIE HIGHWAY, N BURNIE, MARYLAND	
	(urial, cremation, remova Burial		Name of CEMETERY OR CREMATORY Caniteville Cem	. Graniteville	COUNTY STATE Aiken S,C.
	24. FI	INERAL DIRECTOR 8	ral Home Glen	Burnie, Md. Al	ATE REC'D BY REGISTRAR IN	EMPS/SIGNIATINE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled within 72 babits after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natified at an

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 9 3 6 6

CERTIFICATE OF DEATH

REG. NO.

1	- STATE REGISTRAR			CER	TIFICATE OF DEATH	REG. N	0.		THE STATE OF
. DE	CEASED NAME	FIRST	,	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		Genev	а	Ct	utler	Au	gust 8	80	0321am
. SE	X		4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDERTYEAR	IF UNDER 24 HRS
	Female		Cau		nuary YEAR 1919	61	YRS.	NTHS DAYS	HOURS MIN.
	IRTHPLACE ISTATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	Itimore, M	d.	USA		OWED DIVORCED	Anne Arun	del Cou	unty	MD.
0 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	OSPITAL, NURSING HOM	ME OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
F	t. Meade,	Md		HEACHTY, GIVE STREET ADDRESS)		e Housewif	e WORKING LIFE)	INDUSTRY	
JSU		ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSI	ON)	4			
30.	MD	Anne	Arunde	Millersville	HI34 INSIDE CITY LIMITS?	858 Genera	I's Hic	Thwav	
4. F/	ATHER'S NAME		-		15. MOTHER'S MAIDEN N		1 3 1115	Jilliay	
	James	,	MIDDLE	McQuay	An itt	WIDDLE		McQ	ii II a v
6a. \	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO			SS	1900	чау
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-09-4579	Hughand/Way	une Cutlon -	858 Ge	eneral	's Hwy.,
-									C, Ma
	PART I. DEATH W	AS CAUSE	ly ane cause per D BY:	line for (a), (b), and (c).)	prespiratory a	rroct			ONSET AND DEATH
	160	IMMEDIAT	E CAUSE (a)	Odiate	or espiratory a	11621		Lum	ediate
	1771		DUE TO, OI	RAS A CONSEQUENCE O	r tatic Adenocar	alnoma of un	lengum	7	
	Conditions, if ony, gove rise to imm		(b)	1,16192	Tarre Adenocar			1	onths
	cause (a), statin underlying cause		DUE TO, OI	R AS A CONSEQUENCE O	F	Р	rimary.		
			{c1						
Z	PART 2. OTHER SIGN	MINCANTO	ONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(5
CERTIFICATION	19a. DATE OF OPERA	TION	19h CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V	VERE EINDIN	ICS LISED
E C			174. CO. 107	HOLVIOR WINCH OF ERA	THO I THAT ENTONINED	_ _/	IN CERTIFYIN		OF DEATH?
ERT	21a. ACCIDENT WAS UNE	FRIVING F	21b. TIME O	F INTITION	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INTE	YES (NO 🗆
	OR CONTRIBUTING	CAUSE OF DEA		M. MONTH DAY YE	AR PRETION INSORT OCCO	KRED (ENTER NATURE OF INJE	IT IN HEM 18, PAKE	I ORPARI 2)	
MEDICAL	(IF EITHER, NOTIFY MEDIC		P./ 21e. PLACE (211, LOCATION				
MEL	WHILE NOT WE			EET, FACTORY, OFFICE, FARM, ETC.		CITY OR TOV	VN	COUNTY	STATE
	AT WORK AT WO	RK -		1	A 11.5	0.7		0.0	
	220 I certify that X	(this haspit	al) attended the		Aug 19 80	, to 8 Aug		_80_,	that (I)Xwe) last
	saw the decease above, (X (we) (c	did) (Not on	view the body	ofter death.	, and that in (spx) (our) apiniar	death accurred on the di	ate and hour a	nd from the	causes stated
	22b. SIGNATURE	-6	1	. 1.	DEGREE	MEDICAL		22c. DATE	SIGNED
	/cay!	pea	a mo	GIMC	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗆	18A	us, 1980
	22d. PHYSICIAN'S NA				22e ADDRESS				
	Ray F.	Keate	, MD, Cr	ot, MC	Kimbrough A	rmy Hospital	, Ft. N	Meade,	Md.
30. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		PUNTY	STATE
,	Buria	al	8/11/8	0 Chelte	nham VA Cem.	Chelten		ALER FORE	., e 131
4. FI	UNERAL DIRECTOR			ADDRESS	250. DA	TE REC'D. BY REGISTRAR	25b. REOTTRA	R'S SIGNATI	URE
		unera	Home,	Gambrills, N	1d. A	UG 12 1980	perp	7/10	Creedy

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DHMH-16 25M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH DST REGISTRAR REG. NO MIDDLE LAST I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) DASSYLVA ADRIAN AUGUST 24. 1980 4:40 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) 4 RACE IF UNDER 24 HRS Oct. 8 DAY DAYS HOURS White 1898 Male 81 7a. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED TO NEVER MARRIED Canada U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE,OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH ARUNDEL HOSPITAL Linotype Oper GLEN BURNIE Printing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136_COUNTY Millersvil 13d. INSIDE CITY LIMITS? 64 Rol Park Road A. PYES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Celina August MIDDLE Dassylva MIDDLE LAST = ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-44-5861 yes Lilianne Dassylva | Same as above APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1404 Crain Highway, S. #300 224-PHYSICIAN SWAME ITYPE OR PRINTI Glen Burnie, Maryland 21061 GLENN F. ROBBINS, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE9/15/80 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Crownsville Veterans A. ACo. Crownsville Md. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS AUG 25 1980 (VRA 15, 4) 1/79 Raymond C. Fink Glen Burnie, Md.

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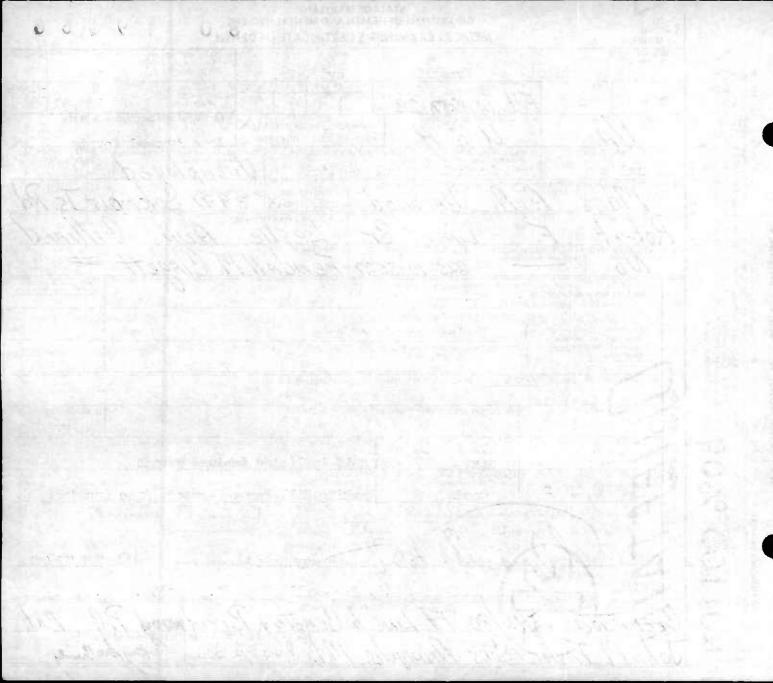
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	9	3	6	9
KNOWN XX	HTHOM	DAY	YEAR	2b. HC

	1 - :	STATE REGISTRAR		MEDICAL EXAM	AINER'S CERTIFIC	CATE OF DE	RTH O REG.	NO.	5 6	0 0
		EASED NAME	FIRST	WIODLE	LAST		20. DATE KNOWN	MONTH XX	DAY Y	EAR 2b. HOUR
	(ITPE	ORPRINT	Rober	rt Franklin	Davis.	Jr.	OF ESTI- DEATH MATED		70 19 8	RO M
	3. SEX	4	RACE	B. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	HTMOM	DAY Y	YEAR 14 HOUP
		ale	White	rep. 14. 1957 2.	YRS. MONTHS DAYS	HOURS MIN.	PRONOUNCED DE AD	8	10 198	80 M
3	FOF	RTHPLACE (STA	2	U.S.A.	MARRIED NET	DIVORCED	9. BALTIMORE CIT	ndel Co	nuntv	MD.
3		nnapolis		II. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR Anne Arundel Gene	RESS)	19	Wal OCCUPATION	(TYPE OF WORK	26. KIND O OR IND	OF BUSINESS SUSTRY
5	13a. S1	TATE MI	13b. COUNTY	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	NN 13d. INSIDE (NO 2 3	1 9 9 9 S	olomo	us I	s. Rd.
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1	16a. W (YE	AS DECEASED	EVER IN U.S. ARMI		3527 Fe	vdall!	M. Clag	rett	#	
		18. CAUSE OF PART I DEA	THE STATE OF STREET	y one couse per line for (a), (b), and (c) DBY: E CAUSE (a) Exsanguinat	,		0		BETWEEN	MATE INTERVAL ONSET AND DEATH
		936	IMMEDIATE	DUE TO, OR AS A CONSEQUEN	NCE OF					
			, if ony, which	Incised won	unds of arms					
4			to immediate	DUE TO, OR AS A CONSEQUEN				40.00		
		lying causi	e last.							
		PART 2 DTHER SIGN	NIFICANT CONDITIONS CO	DHTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE DR CONDITID	N GIVEN IN PART 1 (a).				
-	CERTIFICATION	19a. DATE OF C	OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFOR	MED?			20 AUTO	PSY?
	IFIC	FY !							VEC.	XX NO [
5	ERT	210 EXTERNAL	CAUSE WAS	216 TIME OF INJURY	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAR	_	ALA INOLI
3		UNDERLYING	OR G CAUSE OF DE	DEATH XXXX 8 10 19		er botoirs	ncised wou	mda		
	MEDICAL	21d. INJURY O		218. PLACE OF INJURY (AT HOA		.iicoed ii	HCTPEC WOL	шио		
	ME	WHILE AT WORK	NOT WHILE TO	STREET, FACTORY, FARM, ETC.) WOODS	Larking I	Hill Farm	Harwood,	, Anne		el, Md.
		22a Leertify	that I to charge	e of the remains described obove, held	an Autopsy X,	Inspection .	Inquiry	and in my api	nian	
2		death resultes	i trem Negro	olicouses	Suicide X, Hamio	ide Unde	termined manner],		
			(//	1 11	TITLE (S	PECIFY)				
		ACTUAL SIGNATURE_	1/1	GaraM I Du	M. M. ODE DH	ty Chiefer	DICAL EXAMINER	DATE	8/	11/80
2			100	Levic . W Jr.	4					
John.	14	EXAMINER'S N (TYPE OR PRIN		Thomas D. Smith,	M.D. ADDRESS_	111 Penn	St. Bal	lto., M	D.	
	230 81	RIAL, CREMATI	ON REMOVAL 236	Bb. DATE 234 NAME OF	FICEMETERY OF CREMATO	DRY 23d de	SATION /	/ count	00	spass /
	0	remai	ION	8/13/80 VT. L	INCOLN CEM	relery 1	SPENTWO	od to	6.	110.
		NAM DIRECT	n- A	ADDRESS /	note mi		Y REGISTRAR 25b. R	E STRAR'S SI	GNATURE	



Page .	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directived for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours
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LOST ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page: hospital or attending physician.	DIRECTOR: After this certificate has been signed by the the drouge as the burial-transit permit. Then please remo
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DHMH-16 25M (VRA 15, 4) 1/79

	FOR STATE REGISTRAR		DEPARTA	STATE OF MAR MENT OF HEALTH AI CERTIFICATE O	D MENTAL HYGIE	NE 8 O	0.	3 6
	1 DECEASED NAME	FIRST	MIDDLE	LAST		26 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
		Dominick D	uly			August		
	3 SEX Male	White	Di a	July 18,		AGE (IN YEARS LAST BIR	WONTHS	DAYS HOURS
35	76. BIRTHPLACE ISTATE OR FO COUNTRY! Baltimore	Md. U.S.	F WHAT COUNTRY?	MARRIED NEV	ER MARRIED DIVORCED	Anne Ar	undel Co	
54	Glenburnie		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, Arundel	G HOME OR OTHER I	NSTITUTION	20 USUAL OCCUPAT	ION 121	KIND OF BUSINES
35	USUAL RESIDENCE IN NURSI 136 STATE Maryland	NG HOME OR OTHER INSTITUTION TO THE PROPERTY A. A. CO.	ON, GIVE RESIDENCE BEFORE 134, CITY OR TOW Hanover	ADMISSION] 134. INSID	E CITY LIMITS?	Tall Pines	Trailer	Park
771	14 FATHER'S NAME	inick Duly	LAST	15. MOTH	ER'S MAIDEN NAM	10 MIDDLE	ler	LAST
	160 WAS DECEASED EVER				MANT	ADDR	SS	
			215-10-4	246 Mrs	Margy Rap	paport 121	-	enny Ct.
9	PART 2 OTHER SIGN 190 DATE OF OPERAT 216. ACCIDENT WAS UND	of Colf Co	CONTRIBUTING TO DE	OPERATION WAS TE	,	200 AUTOPSY?	20h. IF YES, WER	PART 1(0) E FINDINGS USED CAUSES OF DEAT
4	21g ACCIDENT WAS UND	ERIVING THE	OF INJURY	In por	/ INTERPOSE DE LA CONTRACTION	YES NO	YES 🗆	NO [
9	00.000.000.000.00	AUSE OF DEATH HOUR	A.M. MONTH DA	Y YEAR	INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OF	RPART 2]
/	WHILE NOTIFY MEDICA	ED 21s PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, F.	19 211 LOC.	ATION	CITY OR TO	vn co	UNTY STA
	220.1 certify that (1) saw the decease	(this hospital) attended	7 3 2019 8	, and that in (ny) (our) opinian de	oth accurred an the d		, that (1) (w
	22b. SIGNATURE	na Mo	remel	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF	St DATESIGNED
1	22d PHYSICIAN'S NA	- 0 1	suico	22 ADD		in street	face	208
-	230. BURIAL, CREMATION, I			AME OF CEMETERY		234. LOCATION CITY OR TOWN	_ COUNT	Y STA
	24 FUNERAL DIRECTOR	Aug 3	0.00 W	eadowridge	Cemetery		Dorsey M	aryland

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTENIO 2120		
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STATE OF MARYLAND

UNCAN

MARRIED NEVER MARRIED

DIVORCED

NO 15. MOTHER'S MAIDEN NAME

Breast

FIRST

13d. INSIDE CITY LIMITS?

5. DATE OF BIRTH

WIDOWED

NURSING HOME OR OTHER INSTITUTION

YES [

17 INFORMANT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH DAY

YEAR

2b. HOUR

IF UNDER 1 YEAR IF UNDER 24 HRS DAY5

6 AGE (IN YEARS LAST BIRTHDAY)

BALTIMORE CITY OR COUNTY OF DEATH

120 USUAL OCCUPATION (TYPE OF YORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR **INDUSTRY**

MIDDLE

ADDRESS APPROXIMATE INTERVAL

arcinoma

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED

CITY OR TOWN

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

BY REGISTRAR 256. REGISSRAR'S SIGNATURE

23b. DA

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210. ACCIDENT WAS UNDERLYING MEDICAL 220.1 certify that (1) this haspital) attended the deceased from

FOR

REGISTRAR

MARGARET

STATE OR FOREIGN

WAS DICEASED EVER IN U.S. ARMED FORCES?
(YES, NOOR KNOWN) (IFYES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

Canditians, if ony, which gove rise to immediate couse (0), stating

underlying couse lost.

190 DATE OF OPERATION

OWN OF DEATH

4. RACE

USUAL RESIDENCE (I NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

76. CITIZEN OF WHAI COUNTRY?

DECEASED NAME

- STATE

(TYPE OR PRINT)

To. BIRTHPLACE

COUNTRY)

FATHER'S NAME

3. SEX

21d. INJURY OCCURRED AT WORK

22h SIGNADIRE

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

sow the deceased alive on above Diwe (didy did not yew the body after deat

N REMOVAL

P.M 21e PLACE OF INJURY

21b. TIME OF INJURY

HOUR A.M. MONTH DAY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

166 SOCIAL SECURITY NO.

YEAR

Uctoper

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

211 LOCATION

DEGREE

23d. LOCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

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				STATE	OF MARYLAND						
FOR STATE REGISTRA				CERTIFIC	ALTH AND MENT CATE OF DEAT	H	RE	G. NO.	19	3	7 1
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3 SEX FeI	nale		asian	S DATE OF	427 /	1903	AGE INVEARS LAS	Y	RS.	OAYS H	FUNDER 74 HRS IOURS MIN.
78 BIRTHPLACE COUNTRY	STATE OFFOREIGN	4.5	HAT COUNTRY	WIDOWED		ED [Anne	Arm	ndel		MD.
Anna	polis	Ahne	Aryndo	TAPORESSI CERM	1.11	OSP.	USUAL OCCU YMOF WORK FOR M VD 4 SDU	OST OF WORK	ING LIFE) IN	DUSTRY.	BUSINESS OR
9 10.4	EE (IF NURSING HOME OR	TOTHER INSTITUTION,	JACKSON	Heis	31 INSIDE CITY LI YES X NO		7609 PODR	34	2 /	Jua	N II
	MAS A	que Co	ONE	4	S. MOTHER'S MAI	RY	Frior		SN	1,5	H
3 160 WAS DECEA	(SED EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	12420	7614	ROBEA	er	Dwy	DDRESS	H1	3	200
18 CAUSE PART I	OF DEATH (Enter on DEATH WAS CAUSE) IMMEDIAT	ly one couse per l D BY E CAUSE (a)	Car	e brai	1 hama	orrha	ge			APPROXIMA BETWEENONS 12 A	TE INTERVAL SET AND DEATH
gave ris	ns, if any, which e to immediate a), stating the	(b)	AS A CONSEQUE	eraliz	ced at	hero:	sclerosi	\$		chron	nic
	THER SIGNIFICANT O	ONDITIONS CO	NTRIBUTING 10	DEATH BUT N	OT RELATED TO T	HE TERMIN	AL DISEASE OR	CONDITION	N GIVEN IN	PART Ital	
NOT A STORY OF THE	OF OPERATION		TION FOR WHICH	H OPERATION	WAS PERFORMED	D	206 AUTOPSY?	INC	IF YES, WER ERTIFYING YES [CAUSES OF	
OR CONTRI	ENT WAS UNDERLYING E BUTING CAUSE OF DEA HOTIFY MEDICAL EXAMINER)	110110 11	A. MONTH D	DAY YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITE	M 18, PART 1 OF	PART 2)	
21d INJUR	Y OCCURRED NOT WHILE AT WORK	21e PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY C	RTOWN	· co	UNITY	STATE
sow 1	fy that (1) (the hospithe deceased alive an eq. (1) (was (did) (did as	August	8 19	AUGH 80 Jond	that in (my) (our)	80 opinion dec	th occurred on t	he date one	19 <u>00</u> d hour ond f		ot (1) (we) l ost uses stoted
22b. SIGN		W. Kr	nzer	Mi	GREE ATTEN	IDING X	MEDICAL DIRECTOR PH	STAFF IYSICIAN [_	8 Ava	ust 198
444 41111	CIAN'S NAME ITYPE OF	R PRINT)	1.		22. ADDRESS	1.	Mar	1	1	J	
1 C	harles	W.	inze	r_	Anna	DOILS.	July	yeare	4		
1 C	harles MATION, REMOVAL - Burial	23b. DATE 8-9-19	80 ^{23c}		HNNA METERY OR CREM		Tackso	n Hat	COUNT	han 1	N.y.

Gartisle M. DWIERE Annet S. 1980 Norm Family 12 1911 1 7 The First in the K. Y. G. F. W. H. H. X. Level Anna Arandol Amajoris Ama Armiel Grand Hop. Millsone & Howel ALON ALTERNATION X SUPPLY TO THE STATE OF THEMPS A COUNTY OF THE DUNES AND .. Correlant homorrhy - 1 12 hours Course lixed atherralment chrisis legestandan - Be Dangell the Vangelly Starte Charles M. Dineser, M. B. X - Shower M. Charles W. Kinzer Annes Maryland. LE HILLIAM L'SEA HONDERLANME EST ESTE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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y be orb		CEASED NAME FIRST ThO	mas	Ray		astwood		Aug II	1980	1402pm
0de 4 m0	3 SE	Male	4 RACE CAU		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
deot o uneral III	Lec	RTHPLACE (STATE OR FOREIGN DUNTRY) MISTER, Mass.	USA	OF WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY C	del Cou		MD.
by the filed with	Ft	. Meade, Md.	Kimbro	SUCH FACILITY GIVE STREET DUGH Army	HOSP 1	r other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O STUDENT	ION OF WORKING (IFE)	12b. KIND O INDUSTRY	PF BUSINESS OR
n 24 hour filled in hould be		AL RESIDENCE (IF NURSING HOME) TATE TRY and Ann	E OR OTHER INSTITUT DUNTY IE Arunde	Odento	e admission) /n n	13d. INSIDE CITY LIMITS? YES NO	130, STREET ADDRESS 1338 Greys	swood F	Road, C	Maryland Odenton,
ted within on 2 s			oyce oyce	Eastwood	Jr.	is mother's maiden name Martanne	MIDDLE		LAS	
be execution and control s. Poges I	16a V	VAS DECEASED EVER IN U.S. (15 yes, no or unknown)	ARMED FORCES GIVE WAR OR DATES)			Step-mother	338 Grey! Marion Jan	Wood Fice Eas	Road, C stwood/	denton, Md.
equires that the death certifica in signed by the attending phy: Then please remove corbanpa r to burial, cremation, or remov injury, or ather traumatic event,	NOI	PART I. DEATH WAS CAUSED BY: Candiopulmonary arrest Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							1 1/	/2 Hrs.
he law ran. I has bee It permit:	CERTIFICATION	190 DATE OF OPERATION	19b CO1	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
At OR ATTENDING PHYSICIAN: TI the hospital or attending physicia AL DIRECTOR. After this certificate letoched for use as the burial-transit ate Dept. of Health and Mental Hygi	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this had been as a second of the	DEATH HOUR NER) 21e PLAC (ATHOME Pat	19	19 FARM, ETC.) FOR . on	PATENDING PHYSICIAN TIC. HOW INJURY OCCURR Fell approx 211 LOCATION STREET PATUXENT Rd ATTENDING PHYSICIAN PHYSICIAN	mately 20! or odenton,	into a	COUNTY ond from the	state that (I) (we) lost couses stated
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	23n F	Nell A. Jac	obson, I			22e. ADDRESS	Army Hospi			
BP DHMH- 16 50M 7/77 (VR A 15 (4))	(PECIFY BUTTON		5-80 A	rling!	on Nat. Cem.	REC'D. BY REGISTRAR	25b. REGISTR	OUNTY AR'S SIGNATI	URE
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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

		FOR STATE REGISTRAR			ATE OF DEATH	REG. N	-		
	1. DEC	CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOL
		Hone	the M.	EA	ton	X	8	8 8	0 /
	3. SEX	(4 RACE	5. DATE OF B	BIRTH DAY YEAR	6 AGE IN YEARS LAST BIRT	THDAY)	MONTHS DA	
	F	emale	Caucasian	Feb.	5, 1896	84	YRS.		
35	CC	RTHPLACE STATE OR FOREIGN DUNTRY) ryland	76 CITIZEN OF WHAT COUNT USA	MARRIED WIDOWED	NEVER MARRIED	Anne Aru		Y OF DEATH	
90		nnapolis	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Bay Manor Nur:	RSING HOME OR C TREET ADDRESS) SING HOME	OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Housewife	F WORKING L		D OF BUSINI RY
3.5	13a. S	TATE 136 COL	or other institution, give residence of the large of the	TOWN 13	INSIDE CITY LIMITS?	13. STREET ADDRESS 2021 Chesa	apeak	e Road	
	14. FA	THER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN NA	WE		4	LAST
021		Gustav	W. Giesler	r	Lalla			Jone	
		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN)	VE WAR OR DATES)		Ruth Eaton F	202	SS Che	sapeak	e Road
		Conditions, if any, which gove rise to immediate couse (01, stating the	DUE TO, OR AS A CONSE	ال	ofre Hei	art Dise	ax		
ony injery, or other troomone event, in	CATION	Conditions, if any, which gove rise to immediate cause (a), starting the underlying cause lost.	DUE TO, OR AS A CONSE	EQUENCE OF TO DEATH BUT NO	2 pour DT RELATED TO THE TERM		DITION GI	ES, WERE FIN	IDINGS USF
	TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	EQUENCE OF TO DEATH BUT NO	2 pour DT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI		IDINGS USF
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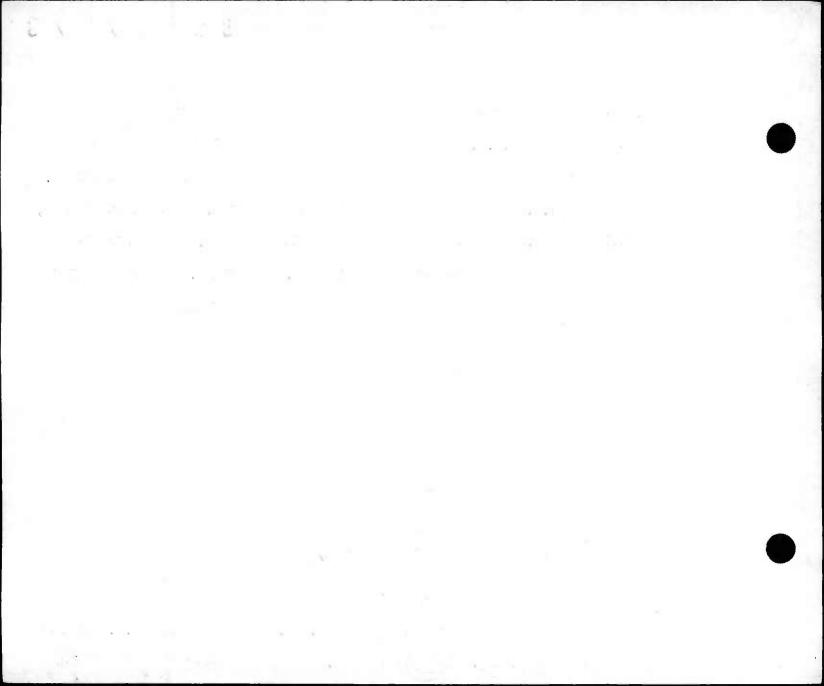
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. n.e		CEASED NAME FIRST OR PRINT) SET TO	ABETH	MIDDLE		AST CA D.O.		20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR DS
Page 4 may be direction page 3 hours offer death				С.		ARO		AUGUST 31		12:35 R
moy rectal	3. SE	(4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	
960		FEMALE	WHIT		08	06	13		7 YRS	
A Poole Poole		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTR	Y? I MARRIEI	NEVER M	ARRIED [BALTIMORE CITY O	_	
de de de		MARYLAND	U.S.		WIDOWE		ORCED		JNDEL COU	MIL
by the filled with		TY OR TOWN OF DEATH EN BURNIE		HOSPITAL, NUR CHEACILITY GIVEST RITH ARUN			ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF CANDY DIF	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
be the	USU/	AL RESIDENCE (IF NURSING HOM TATE 1136 CC		N, GIVE RESIDENCE BEF		13d. INSIDE CI	TV 11	13e STREET ADDRESS		
filled fulled ould be			A.A.	LINTH			NO K	621 N. HA	MMONDS F	ERRY ROAD
tely 2 sh	14. FA	THER'S NAME FIRST	WIDDIE			15 MOTHER'S	MAIDEN NAM	ΛE		
_ Q E / / Q / / I		WILLIAM	A.	PHIP:	PS		ARIE	C.	JE1	FFRIES
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORMAN	VĪ	ADDRE	SS	
9 c c E	-	NO		217-52		ANTHON	Y S. F.	ARO 621 N.		
death certificate to ottending physicia ove carbon papers than, or removal roumatic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only ane cause pe JSED BY NATE CAUSE (a)	r lige for (a), (b),	Grov	199° an	br	Acciden	Vr -	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
b ce or r or r		410-	DUE TO, C	OR AS A CONSEC	DUENCE OF	0 1		2000	50	
the deoth ce the ottending remove carb emotion, or r er troumatic		Conditions, if ony, which	(b)_	50 (S	rep	ral (EMA	of for	1	
of the y the se rer crem ther		cause (o), stating the underlying cause lost	DUE TO, C	OR AS A CONSEC	UENCE OF	M.	1080	rdial a	Voch4	4
equires the n signed b Then pleas to buriol, injury, or o	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN I	PART 1(a)
ow req	AT 10	19a DATE OF OPERATION	LIST CONT	OITION FOR WHI	CH OPERATIO	WAS DEDECT	PAAED	20a AUTOPSY?	Tank IE VES WEDE	FINDINGS USED
	CERTIFICATION	DATE OF OTERATION	178 6014	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(MED	YES NO	IN CERTIFYING C	AUSES OF DEATH?
N S C O O O O O O O O O O O O O O O O O O		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF		OF INJURY	DAY YEAR	21c HOW INJ	IURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2)
SICIA ng p certif rital-i entol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P	'.M.	19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC }	21f LOCATIO STREET	N	CITY OR TOV	vn cou	NTY STATE
ENDING of or at OR After ruse os ruse os ruse os ruse os		220.1 certify that (I) (this has sow the deceased alive	1 - 1 17		1	2_8	. 19	, to	1 19 K	, that (I) (we) last
Spring ospiral		abave (1) (we) (did) (did			, 011	- 6	gur) opinion c	death occurred an the de		
IAL CS AI y the hosp tal DIRECT detoched for ote Dept. o		228 SIGNATURE		0	1		TTENDING HYSICIAN	MEDICAL STAI	F _/	E DATE SIGNED
HOSPIT FUNER FUNER wild be o th the Str		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS	205	BALTIMORE-A	NNAPOLIS	BLVD
TO HOSPITAL & retoined by the TO FUNERAL I should be deto with the Storle I IMPORTANT: IF			S. SAWHN				•	BURNIE, MA	RYLAND 2	21061
	230 E	URIAL, CREMATION, REMOV				METERY OR C		23d. LOCATION CITY OR TOWN	COUNTY	
BP		BURIAL	09-04	4-80 (GLEN HA	VEN MEM	1. PK.	GLEN BURN	IE A.A.	MARYLAND

STATE OF MARYLAND

26. HOUR DST 12:35 PM

250. DATE REC'D. BY REGISTRAR 250. BUGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 ADDRESS 1980 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



ATTENDING PHYSICIAN:

y filled in by the ould be filed with

	FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 0	9376
	1 DECEASED NAME FIRST (TYPE OR PRINT) GLOSOL	Re 7	loyd	8-23-80	DAY YEAR 2b. HOUR
	3 SEX Male A RACE	Black S DATE MONI		6 AGE (IN YEARS LAST BIRTHOAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
3	COUNTRY) VA	U.SA, WIDOW		9 BALTIMORE CITY <u>OR</u> COUNT	OF DEATH ONICE MD.
2		ME OF HOSPITAL, NURSING HOME OTH SUCH FACILITY, GIVE STREET ADDRESS) ANAQUAGE	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	IZE KIND OF BUSINESS OR INDUSTRY
>	USUAL RESIDENCE (# NURSING HOME OR OTHER INS 130. STATE 13b. COUNTY AHARUHO	134 CITY OR TOWN &		13e STREET ADDRESS 429 BUYNS	side sti
	14 FATHER'S NAME FIRST GEOVER MODILE	716 yd LAST	SVACE	Sutten	LAST
	160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D		Jane ALLE	ADDRESS 4/3	Lis Md1
000	IN CAUSE OF DEATH (Enter only one con PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	MAN NID Deal	monsny	ARREST	BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate	ETO, OR AS A CONSEQUENCE OF (b) SAME ETO, OR AS A CONSEQUENCE OF	1 15Chrn	MIA	months

PART 2 OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY?

76 DATE OF OPERATION	THE CONDITION FOR WHICH OF	PERATION WAS PERFORMED
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY O

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES |

Υ	YEAR	214 HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2
	19			

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

L EXAMINER)	P.M.	19		
ED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ET	TC.)	21f LOCATION STREET	CITY OR FOWN

AT WORK 22a I certify that this hospital) attended the deceased from and that in my (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an

abaye, (1) (we) (did) (did not) view the body after death			
2b,81CMATURE	DEGREE		22c. DATE SIGNED
1 makelles ma		ATTENDING _ MEDICAL _ STAFF _	0-7-3-1

(1) 1/ce/ce (1)	PHYSICIAN DIRECTOR PHYSIC
224 PHYSICIAN'S NAME (TYPE OR PRINTY)	22e ADDRESS

	- 4	1		
Roman		21 1	15.11	
10000	-	21/14	1/6//	1
N (/ A / A / A / A	1 8 1	11/1/	1160	

1019700	10/00/	
BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATOR

23d. LOCATION

ONANCOC

STATE

NO [

STATE

4 1	FUNERAL DIR	ECTOR		/		
	1000	COL	1	/	-	

COUNTY

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

retained by the hospital or

BP.

marked or Item 18 shows

IMPORTANT: If Item 21 is

CERTIFICATION

MEDICAL

WHILE

(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR

NOT WH

O V 2 V 1 - 0 8 - m m pp VA, USA. x ANALONDOL PANNAPHIS ANARUNDEL ROBE-ALVE Trainer md. manufathmantis x 427 Burnside St. George 76yd Grace Surrende so Yes who I some some fine detail - Para To and I BUTGAL 8-23-8" Odd FCL Louis BUILDING BULLINGER, LA. for the court of silling and the same of t

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND FOR - STATE

F. ig	NO.JI	4.	9	3	7	7
TE OF DEATH	H MONTH	DAY	YEAR	1	b. HOUR	,

		REGISTRAR				CERTIF	ICAIL OI	DEATH		REG. NO.	771			
		CEASED NAME	FIRST	A	AIDDLE	· ·	AST		20. DATE OF D			AY YEAR	26. HOU	R '
1	(TIPE	OR PRINT)	AX	HARV	EY :	FREDER		SR.	AUGUST	16,	1980		10:	14A
1	3 SEX	MALE	4	WH1-	TE	S DATE C	DAY	, 1910	6 AGE (IN YEAR	IS LAST ORTHO	,	F UNDER I YEAR	HOURS	24 HRS
E	70 BII	RTHPLACE ISTATE OR I	nia 76	CITIZENOF	WHAT COUN	MARRIE	1	R MARRIED	1 BALTIMORI ANNE	ARUN		OF DEATH	,	MD.
1		EN BURN	ATH 11		H FACILITY, GIVE S	RSING HOME C			120 USUAL OF			12h KIND (F BUSINE	SSOR
5	USUA 13e. S	AL RESIDENCE (IF NUR	SING HOME OR OT 136 COUNTY		GIVE RESIDENCE	BEFORE ADMISSION)		CITY LIMITS?	130. STREET AL	DRESS	VA.	Blud		
26		THER'S NAME	Abr	ner	Fred	erick		rs MAIDEN NA izabet		veta		Huf	ŧ	
		VAS DECEASED EVER	(IF YES, GIVE W	D FORCES? AR OR DATES)	217-2	26-2171	Gris	selda L	. Fred	address eric		same a	as a	bove
		Conditions, if any gave rise to im couse (a), statiunderlying cause	IMMEDIATE	DUE TO, O	TAS A CONS	ior cle	rotic	Hear	t Pisea	se		Yea	us S	<u>-</u>
i	NOI	PART 2 OTHER SIG	Old C	NOITIONS CO	ONTRIBUTING	TO DEATH BUT	HCC/	ED TO THE TERM	AINAL DISEASE	OR CONDI	PION GIVE	N IN PART I	a)	
2	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PER	FORMED	YES D	NO D		WERE FINDS		H?
MEDICAL CERTI		216. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 216. INJURY OCCUR WHILE [] NOT W AT WORK AT W	CAUSE OF DEATH	P. 21e PLACE	M. MONTH M. OF INJURY	DAY YEAR 19	21c HOW 21l LOCA STRE			REOF INJURY		RT 1 OR PART 2}	ST	ATE
		22a I certify that 1) (this baseled) attended the deceased from 19 19 , to 930 19 , that (1) we lost saw the deceased alive an 19 00 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (add (did not) view the body lifter death.												
		221. SIGNATURE	/ay	4/9	Tarle	W) [229 ADDE		MEDICAL DIRECTOR	STAFF PHYSICIA		167	1002	PO
		KAFAI	EL/J	16AK	TUA		Km	broug	h Avn	74 F	losp	20	75.	5
	23a 6	Burial CREMATION Burial	, REMOVAL	236. DATE 8/19/	' 80	Glen H		//	ry Gle	OWN		A.A	. Mď	e.

DHMH-16 25M (VRA 15, 4) 1/79

IN FUNETIAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
RAYMOND C. Fink

Glen Burnie, Md.

MALE

APRIL 07,1910

ANNE ARUNDEL COUNTY

GLEN BURNIE WORTH ARUNDEL HOSPITAL

STATE OF MARYLAND

MENTAL HYGIENE

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	FOR	DEPARTMENT OF HEALTH AND A
-	STATE REGISTRAR	CERTIFICATE OF D

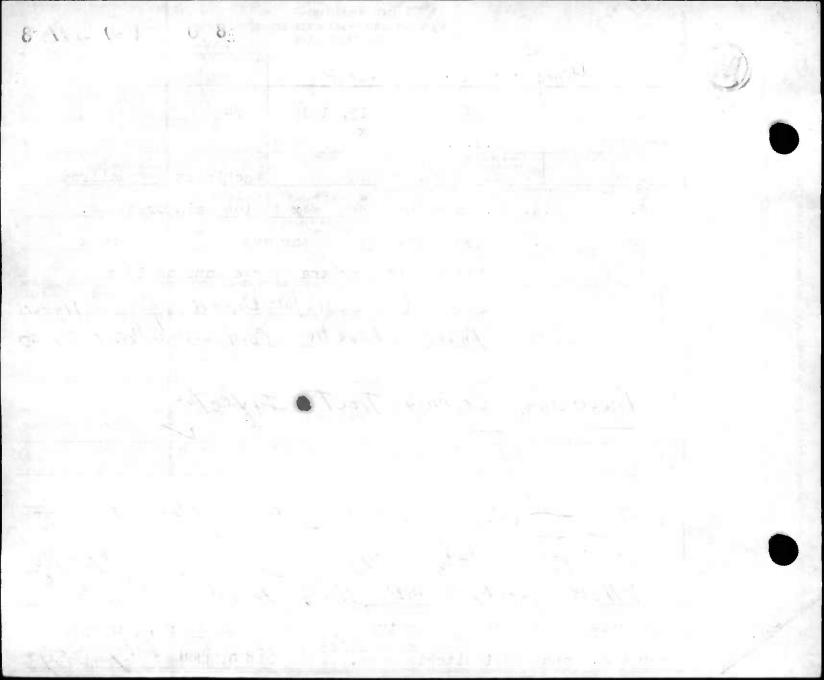
1 DECEASED NAME

HTAS

REG. NO. TI DATE OF DEATH MONTH YEAR 2b. HOUR

(M))		OR PRINT)	HENRY	H.E.	GH	ORGE	JR.	AUGUST 2	9. 19	80	5:25	F
-		3. SE)		1	RACE		OF BIRTIR		AGE IN YEARS LAST		# UNDER I YEAR	IF UNDER 2	4 HRS
ctor,	Jce.		MALE	ľ	WHITE	MAY		PO6	74	YRS	MONTHS DAYS	HOURS	MIN
dire	as of		RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF WHAT COUN	ITRY?	_	C	BALTIMORE CITY				
72 h	8/5		ryland		U.S.A.	WIDOW	D XX NEVER MA	ORCED	ANNE ARU	INDET.	COUNTY		MD
thin thin	2		TY OR TOWN OF DE	ATH	1. NAME OF HOSPITAL, N	URSING HOME		NOITUT	120 USUAL OCCUPA	ATION	12b. KIND O	F BUSINES	
d v th	54	G	LEN BURNI	E	NORTH ARUND		TAT.		Machinis		Railr	beor	
03 04	Saminer m	13a S	L RESIDENCE IF MU TATE Md. THER'S NAME FIRST	A		idena	15 MOTHER'S	MAIDEN NAM	MIDDLE	in Cr	eek Rd.		
Comple 1 and 3	E A	_	lenry	H	 George 		7. "	Marga			Kraft	,	
0 -	e me		(AS DECEASED EVE		MED FORCES? 16% SOCIAL WAR OR DATES)	SECURITY NO	17 INFORMAN			DRESS			
Page	t, the		no		717 0	7 7129	Barbar	ra Geo	rge same	e as			
l by the attending physisse remove carbon papersel, cremation, or remove	r, or other traumatic eve		Conditions, if an gave rise to in cause (0), statunderlying cause	WAS CAUSED IMMEDIATE y, which mediate ing the	1 (100)	SEQUENCE OF			Pordioua.	1		1/y 6	OGO.
gnec plea buri	unfú		PART 2 OTHER SIC	SNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED	O THE TERMIN	NAL DISE ASE OR CO	NDITION G	IVEN IN PART TO	1	
Ther	λuε	Q	Pneu	mon	19. Urin	any.	Troll	0 7	week	M			
permit.	8 shows	CERTIFICATION	190 DATE OF OPER	MOITA	196 CONDITION FOR W	HICH/OPERATIO	N WAS PERFOR	MED	YES NO	INCER	YES, WERE FINDIN TIFYING CAUSES YES [H?
s certifica al-transit ental Hygi	or Item 1		216 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJU	URY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 1	B, PART I OR PART 2)		
After this the burith and M	marked	MEDICAL	21d, INJURY OCCU	RRED WHILE	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	٧	CITY OR 1	rown	COUNTY	STA	TE
ECTOR: for use as	em 21 is i		220.1 certify that (sed olive on_	of ottended the deceased f	75()	nd that in (my) (e	, 19opinian de	_, to, to	129 dote and hi		that (I) (w couses stot	,
ERAL DIR detached State Dept	1 : L		27b. SIGNATURE	with	Sorbate	- n	// PH	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHY	TAFF SICIAN [22c DATE	SIGNED 1	PU
TO FUNER	IMPORTANT:		220 PHYSICIANISM	NAME (TYPE OR	Gorbaty	mp	No ADDRESS	41	grundel	1	forp. to	2 g	,
)	-	(1	urial, Cremation Crematio		9/2/80		iew Men	n Pk	Baltin				re .
HMH-16 2			NERAL DIRECTOR	~	ADDRE	ss Balto	21225	250. DATE	RECID. BY REGISTRA	AR 254 REG	in frage	Erron	64
'RA 15, 4)	1/79	GE	orge J.	Gone	e 4001 Rito	hie Ho	TATAT .	1 2	rr 3 190		/		/

DH (VR



BP.

DHMH - 17

(VR A15 ME (5)) 30M 7/73

-	FOR FOR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL	0 ()	19	3	7	9
1	REGISTRAR DECEASED NAME FIRST	MEDICALE	XAMINER'S CERTIFICATE (REO, IN				
ľ	(TYPE OR PRINT)			OF ESTI-	_	DAY	YEAR	26. HOUR
	DONAI		GITTINGS	DEATH MATED	3 8 □ MONTH		,80	M
3	SEX 4. RACE	MONTH DAY YEAR	AGE (IN YEARS IF UNDER 1 YR. IF UNDER LAST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED		DAY	YEAR	10.35
L	male white	May 14,1903	77 YRS.	DEAD	8		9 80	рм
	Johnston Pa.	76 CITIZEN OF WHAT COUNTR	8. married 🖾 never, marr Widowed 🗌 – divore		_			MD.
-	O. CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NURS OF HOST IN SUCH FACILITY, GIVE STRE North Arundel		12a USUAL OCCUPATION (TYLE FOR MOST OF WORKING LIFE) Laborer	PE OF WORK	OR	D OF BU INDUSTR AS ti	RY
	JSUAL RESIDENCE (IF IN NURSING HOME 30, STATE 136, COUI Md. A.A	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION)	13e. STREET ADDRESS	Mill I	Rd.	asti	cs
	A FATHER'S NAME ROBert Ells	worth Gitting	IS. MOTHER'S MAID	PEN NAME		ster"	ST	
Ti	60. WAS DECEASED EVER IN U.S. AI		AL SECURITY NO. 17. INFORMANT	ADDRESS	S _{Mille}	ersv	ille	Md.
ı	No -		-07-7714 William	V. Drury Sr.	1086			
	Conditions, if ony, which gave rise to immediate couse (a) stoting the under lying couse lost. PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (a) MUTELP DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) (c)	le injuries EQUENCE OF	ART 1 (a):		BETWE	EN ONSET	AND DEATH
	19a. DATE OF OPERATION 21a EXTERNAL CAUSE WAS	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED?				ITOPSY?	
	UNDERLYING FOR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	21b. TIME OF INJURY 90 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AY YE 80 pedestrian s	ED (ENTERNATURE OF INJURY IN ITEM 18 Struck by auto crity or town near Deius		RT 2)	Mil	NO -
	73年 Certify Him Hook cher death resulted from: Not ACTUAL みやない SIGNATURE	tomas D. Smith, N. Aug 15, 1980 ADDRESS Annapolis i	M.D. ADDRESS 111 ME OF CEMETERY OR CREMATORY Glen Haven Cem.		nd in my op DATE SIGNE	vill pinion 8/	e, M	d.

	offer
21201	- hours
AND	thin 24
E. MARY	xecuted w
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BALTIMOR	Ficate b
N ST. BA	ne death certif
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5, 20	adoire
ISION OF VITAL RECORDS, TH	he law requires that the
VITAL	CIAN: 1
NO NO	PHYSI og phys
DIVISIO	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.
	ATTE pital oi
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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

REG. N	0.		7 -	, ,	0
DEATH	MONTH	DAY	YEAR	2b. HO	UR .

	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO)	9 3	8	U
		OR PRINT)	Pal A RACE	bxon		IQSS OF BIRTH			-80 F UNDER 1 YEAR	Zb. HOU	14 R 24 HRS
		F	W		MONT	-25- 14	6	3 YRS.	ONTHS DAYS	HOURS	MIN.
54	-50	RTHPLACE (STATE OR FOREIGN ANSAS	JE CITIZEN O	F WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	Anne Arunde	COUNTY			M
53		or town of DEATH		FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET APUNCIOLI HO		OR OTHER INSTITUTION	120 USUAL OCCUPATE		IZIL KIND (INDUSTRY		ESS OF
35	USUA 13a S	LE RESIDENCE IN HURSING I	COUNTY CO	H, GITY OR TOW Lagewate	ADMISSION)	134 INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	dy Cre	ek Rd		
20		ther's name ohn 📆 Dox e r	WIDDLE	LAST		IS MOTHER'S MAIDEN NA		Jarb	ooe '^	ST	
1	16a V	(AS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES YES, THE WAS OR DATES)	496-16-5		Charles F. (addre Glass, Jr. sai		13а-е		
			hich (b) iote the dost. (c)	OR AS A CONSEQUE	ENCE OF	T NOT RELATED TO THE TERM	AINAL DISEASE OR COND	DITION GIVE	N IN PART 1	aı	
9	CERTIFICATION	198 DATE OF OPERATION	N 196 CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDI		TH?
9	_	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	OF INJURY A.M. MONTH D/ P.M.	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	s	TATE
1		220.1 certify that () (this	0/14	19_	80	and that in (my) (aur) apinian	death accurred on the do	I	9 40	tha (1)	we) las ated
		saw the deceased a abave. (I) we) (did)	(did not) riew the bac	dy after death.				re and naur	and fram the		
		obave (I) we) (did)	(did not) riew the box	lly after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F		SIGNED	0

230. BURIAL, CREMATION, REMOVAL Burial 236 DATE

Ft. Lincoln Cometery

Brentwood, Md.

STATE

Aug. 18, 1980 Beall Funeral Home, 1212 West St., Annapolis, Md.

AUG 2 2 1980

ONE BUSINESSEE SEE The stones within the state of Late 184 (415 16-1, 212 age 25., 142 molta, 1. AUG 2 2 1980 - Aug 25.)

MARYLAND 21201	uted within 24 hours after outh, Page 4	mpletely filled in by the tuneral direction of 2 should be filed within 7 second 2.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after mann. Flank retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundation should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner mustipe netflied at once.
	ВР		

a may be

FOR 1 - STATE REGISTRAF		DEPARTMENT OF H CERTIF	E OF MARYLAND IEALTH AND MENTAL HYGII ICATE OF DEATH	REG. NO.	1 9 3 8 1 DST
I. DECEASED NA/	THEODORE		LDEN	20 DATE OF DEATH MO	IST 6, 19801120Am
3. SEX	e whit	s. DATE Of MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHO	WONTHS DAYS HOURS MIN
Jo. BIRTHPLACE COUNTRY) Pa •	STATE OR FOREIGN 76 CITIZEN OF W		D NEVER MARRIED A	ANNE A	COUNTY OF DEATH RUNDEL
GLEN E		OSPITAL, NURSING HOME C		170 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF V Chief	
Pag and	Anne Arund.	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Glen Burnie	131. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 1422 Hough	
Je and 2 s	cob Clarence Gold	den	FIRST Mary	o Leary	LAST
AND SECERAL STATES OF THE SECOND SECO		705 12 21111	J. Robert Mi		Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise couse to underlying part of the couse from underlying part of th	, if ony, which to immediate to stating the DUE TO OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	De	tion given in part 1(0)
Shows Shows		ION FOR WHICH OPERATIO		YES NO	70). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \text{NO} \text{NO}
De Contribution Or Contributio Or Contribution Or Contribution Or Contribution Or Contribution	DTIFY MEDICAL EXAMINER) P.N	A. MONTH DAY YEAR A. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN (TEM 18, PART 1 OR PART 2)
AMILE AND ALL	OCCURRED NOT WHILE AT WORK AT WORK	ET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
opone the sow	y That (1) (this hospital) attended the edeceased alive on (1) (we) (did) (did not) view the bady o	ofter death.		eoth occurred on the dote	19, that (1) (we) lost e and hour and from the causes stated
State Depty State	IAN'S NAME (TYPE OR PRINT)	hoden		MEDICAL STAFF	27. DATE SIGNED 8-7-8V
O FUN Noveld by With the WAPORT	R. PAUL RHODES		1667 CROFTO		CROFTON MARYLAND
BP Crei	nation 8/ 7/80	1777	emetery or crematory emetery	Westview	Balto. Md
DHMH-16 25M (VRA 15, 4) 1/79 24 FÜNERAL DIRE BURGEE		3631 Falls R			b. REGISTRAR'S SIGNATURE

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The state general selection (A) to be also

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 12 have after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

within 24 hours after death. Page 4

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN; The law retained by the hospital or ottending physician.

1.	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 0 1	9 3 8
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOU
	JES:	SE CA	rroll GR	EEN Sr.	08-19	7-80 112
3. SE	EX	4. RACE	5. DATE C	pri mariti	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
L	(1)	W	02	06 01	YRS.	
	BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT (MARRIE WIDOWE	D NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	Y, GIVE STREET ADDRESS)	TERM HOSP.	120 USUAL OCCUPATION (Thirt of work for most of working L Ducator	12b. KIND OF BUSINE INDUSTRY
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY CO. 13c. CH	pence before admission) or town est liver	13d INSIDE CITY LIMITS?	13e. Street ADDRESS Cha	lk Point Rd
14. F	John Thomas	reen	LAST	15. MOTHER'S MAIDEN NA	Dalton	LAST
	WAS DECEASED EVER IN U.S. A		-42-5206	Jesse C. G	reen, Jr same as1	3a-2
CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SANIHICANT	CONDITIONS CONTRIB		TICA /ty	IN AL DISEASE OR CONDITION GI DO THY 20 10 10 15 14 200 AUTOPSY? 200 IF YE IN CERTI	
RIF		4		1		ES NO
4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AIB	ONTH DAY YEAR	ZICHOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY
	220.1 certify that (I) (II)	# 1 10	Link	, 17	, to	, 19 0, that (I) 4
1	sow the deceased alive o above, (I) (we) (did) (did n	ot) view the body after de		SECON	Deom occurred on the dote ond no	
	sow the deceased alive of above, (I) (max.(didb) (did no lith 516 NATURE	Poace		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	22c. DAJE SIGNED
	sow the deceased plive o	or your the body ofter display of the display of th	m.	DEGREE .	DIRECTOR DHYSICIAN W	

TENNES I BERNELLE THE STREET OF STREET Seto are the first of the first d è d Section and we desired a section of the section of

& MILE COMPANY OF THE PARTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Q		- 25
- 1		0	9
REG. NO.			

REGI	ISTRAR		ME	DICAL EXAMI	NER'S C	CERTIFIC	ATE O	F DEX	TH	REG. N	NO.			7
I. DECEAS (TYPE OR P	SED NAME	Ruth		arion		GREIF		5	OF	KNOWN ESTI- MATED .	= 4	25 1	YEAR	2b. HOUR
3. SEX		white		2,1935 45	TOMY) MONT	DER 1 YR.	HOURS		2c DATE PRONOUN DEAD	√CED	MONTH 5	23 23	YEAR 1980	2d. HOUR
FOREIGN	LACE (STATE		76 CITIZEN OF WE		8. MARR WIDOW	IED ANEV	ER MARRIE	ED L	9. BALTIM	- 1-	OR COUN		EATH	MD.
ANN	r town of	15	ANNE	PITAL, NURSING HOM	1 F	Vera	L			VATION (TO WOLLE)	ype of work ker	AA	ID OF BUS	
13a. STATE	MD	13b COUNT	TOTHER INSTITUTION, GIV	WITTE PSV	ille	TE3 L			E472E	^s Wort	thing	gton	Rd	•
Fi	rank1:		WIDDLE	Tinkham			Mari		M	IDDLE	T - 3	hlei		r lf.
(YES, NO), OR (INKNOWN)	/ER IN U.S. ARM	VAR OR DATES)	569/44/7		Mrs.	Car	ol E	E. T∈	ADDRES e11e				law)
PART	gave rise cause (a) sta lying cause I		(c)	AS A CONSEQUENCE		E OR CONOITION	GIVEN IN PART	T 1 (a).					8	
TIFICAT	DATE OF OP			TION FOR WHICH OP	ERATION W	AS PERFORA	AED?						UTOPSY?	NO.
COL	EXTERNAL C DERLYING NTRIBUTING INJURY OCC	OR CAUSE OF D	EATH P.M	MONTH DAY YE	O Q	CATION	D) C	anter N.	TURE OF INJ	URY IN ITEM 1	B PART 1 OR P	ART 2)	ang.	
WH AT	IILE NORK A	OT WHILE T WORK	STREET, FACT	TORY, FARM, ETC.)		aute	MD	37	CITY OR TO	WN	A.	A. Co	ر د	a D
	22a. I certify theath resulted f	-	of the remains des	Accident Accident	Autap Suicide	sy 🔲, " Hamici	Inspection de		Inquiry		and in my a	pinian		
ACT SIG	TUAL NATURE	3 Aun	huitt	-	M	TITLE (SP	ecify)	MEDIC	CAL EXAM	INER	DATE		131	180
(TYP	MINER'S NA	ME	Linhe	123c. NAME OF C	EMETERY	ADDRESS ADDRESS		was 100	CATION	1 7	el		•	
Bui	rial RAL DIRECTO		29Aug.80			emete		Ft	Leav	venw	orth	LV	n, st	Kans.
Sin	hg1et	on Fun	eral Hc	me, Glen	Bur	nie,	D A	UG 2	6 19	80	Just	y //	Elea	4

DHMH - 17 (VR A15 ME (5)) 15M 7/77

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director logge 3 should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or litem 8 shows any injury, or other traumatic event, the medical examiner must be notified of once. requires that the death certificate be executed within 24 hours ofter TENDING PHYSICIAN The low offending physicion. etoined by the hospitol or

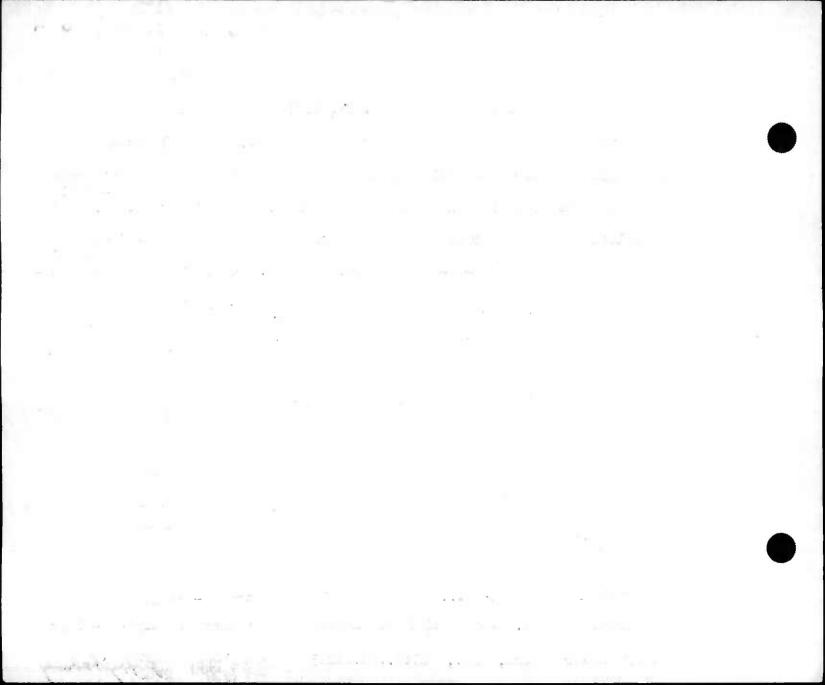
TO HOSPITAL

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DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND 3 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	P -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	.		
1		CEASED NAME FIRST	MIDDLE	ł.	AST			DAY YEAR	26. HOUR
4	(TYPE)	KATH	ERINE GF	OSKO	PF	August 2	1, 19	80	109 P.W
	3. SEX	(4 RACE	5 DATE C	DAY YEAR	6 AGE IN YEARS LAST BIRTI	MONTHS DAYS	IF UNDER 24 HRS	
1		Female	White	Sep	t. 11, 1897	82	2 YRS.		HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	A A P D IE	D NEVER MARRIED	9 BALTIMORE CITY O			
		Maryland	USA	WIDOWE	_	Anne Arund	ounty	MD.	
1		on Burnie	11. NAME OF HOSPITAL, NURSIN IN NOT HI SUCH FACILITY, GIVE STREET, North Arundel E	G HOME (DDRESS)	tal	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI:	WORKING LIF	FE) INDUŞTRY	Home
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 13b, COLTY OR TOWN 13d, INSIDE CITY LIMITS? 13c, STREET ADDRESS 7879 Crille								455
		THER'S NAME			IS MOTHER'S MAIDEN NAM	NE .		L) I	
1	1	William	Krepp		Emma	WIDDLE	Sch	weiger	
	16a W	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)		17 INFORMANT	ADDRE			1061
1		res, NOOR UNKNOWN) (IF YES, GIV	213-03-927	'8D	Mrs.Katherine	e Groskopf-	-7879		•
1		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and	Tre to	0	0 /		BETWEEN	MATE INTERVAL DISET AND DEATH
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Cerclic	200	Monky	1 prover			
1		410-	DUE TO, OR AS A GONSEQUE	NCE OF	5	. / 1-	-	-	
1		Conditions, if any, which	(16) Heul	e i	Meso cardo	1 refle	sche	amp (market)	
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE						
1		underlying couse lost	(c)						
	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to a	FATH BUT	NOT RELATED TO THE TERMIN		OITION GIV	EN IN PART 10) 1
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES	S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?
Ц	RTIF					YES NO	YE	S []	NO 🗌
1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, F	PART I OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					
1	MED	214 IN JURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
1		AT WORK — AT WORK —			<u> </u>				
		220.1 certify that (I) (this hasp sow the deceased alive or	ital) attended the deceased from	0	nd that in (my) (our) opinion de		an and how		that (I) (we) lost
		obove, (1) (we) (did) (did no	t) view the body ofter-death.			eoth occurred on the do	te ona nou		
		276 SIGNATURE	Colyr	-se	DEGREE M'D ATTENDING PHYSICIAN	MEDICAL STAF		8 2	2/f
1		224. PHYSICIAN'S NAME (TYPE C			22e ADDRESS				
۷.		Chackumkal	Cyriac, M.D.		1021 Light	Street -	21230		
	23a B	URIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY Cemetery	Baltimore	Mar	yland-2	21224
	24 FU	INERAL DIRECTOR	AODRESS		250 DATE	REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	I		Sons, Inc., Ba	lto.,	Md.21213 AU	G 2 6 1990	6	Between Su	Breake



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STATE OF MARYLAND

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1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	0 0	G. NO.	9	3 8	8 3	
	CEASED NAME EORPRINTI	FIRST M. A.	,	G.	G	ross	2e DATE OF DEA	8 3	DAY YEA	80	728 p	٨
3 SE	Female		4 RACE 2NI	EGRO	5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	FUNDER I Y		UNDER 24 HRS DURS MIN.	
	IRTHPLACE (STATE OR FO	OREIGN	16 CITIZEN OF	A A	MARRIE WIDOWE	D NEVER MARRIED DIONORCED	ANNE	Arun	V del	d	٥. ×	AE
10 C	NNAROLIS			HOSPITAL, NURSIN HEAGILITY, GIVE STREET HYULAIDE		or other institution	17a USUAL OCCU				USINESS O	R
	AL RESIDENCE (IF NURS	136 COUN		13 GITY OR TOW			134 STREET ADDR 5558 De	ess al Churc	chton	Rd.	12	
14. F	FRANK		MIDDLE	THOMPSON		IS MOTHER'S MAIDEN NAME OF THE STREET ELIZA	MIDI	MATTH		LAST		
16a \	WAS DECEASED EVER		MED FORCES? EWAR OR DATES	218-28-0		GEORGE GROSS				d.	Md.	
NO	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	, which mediate ng the last	DUE TO, O:	r as a conseoue	ENCE OF	NAL CARC				T 1(o)		
CAL CERTIFICATION	19d DATE OF OPERA 1977 21d. ACCIDENT WAS UND OR CONTRIBUTING	197 DERLYING C	9 COC 21b. TIME O HOUR A.	FINJURY M. MONTH D	succ	N WAS PERFORMED 216 HOW INJURY OCCURE	YES NO	IN CERTI	S, WERE FIN FYING CAU ES PART 1 OR PART	SES OF		
MEDICAL	21d. INJURY OCCUR! WHILE NOT WE AT WORK AT WO	HILE 🗀	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY		STATE	
	270 I certify that (I) saw the decease obove, (I) (III) 2715. SGNATURE 270 PHYSICIAN'S NI 270 PHYSICIAN'S NI 270 PHYSICIAN'S NI	AME (TYPE O	PRINT POON	ofter death. W	. Ø.	134 DWENN	MEDICAL PRINCE PRINCE AD	STAFF HYSICIAN	n. o	the caus	ses stated	>
23a	BURIAL, CREMATION,	REMOVAL	236. DATE 8-23-1			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	٧	COUNTY	14-	STATE	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

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should be detached for use as the burial-transit permit. Then please remove carbor with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or

PHYSICIAN

WILLIAM REESE & SONS MORTUARY, P.A.

FRANKLIN CHRUCH CEME.

Churchton

STATE Maryland

REGISTRAR 256. REGISTRAR'S SIGNAJURE

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		FOR STATE REGISTRAR			DEI	PARTMENT OF CERTI	HEALTH AND A	MENTAL HYG DEATH,	GIENE 8	O REG. NO).	9	3	8 6	3
1	1. DE	CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST		2a DATE O	F DEATH	HINON	DAY	YEAR	26 HOUI	R
1			Donald		W	(Grove			Augus	5	11	80	024	8ам
	3. SE	X	4. R.	ACE		5. DATE	OF BIRTH	25.40	6. AGE (INY	EARS LAST BIRTH	IDAY)		RIYEAR	IF UNDER 2	24 HRS
, and the second	138	Male		CAU		SEF		45	6	34	YRS.	MONTHS	DAYS	HOURS	MIN.
i ce	7a. B	RTHPLACE (STATE OR FO	OREIGN 76 C	ITIZEN OF	WHAT COU	VTRY? 8.	n D NEVER A	A A B DIED	9. BALTIMO	RE CITY OF		Y OF DE	ATH		
J Ponc	Wa	shington,	D.C.	USA MARRIED NEVER MARRIED								MD			
21		. Meade, M		(IF NOT IN SU	CH FACILITY, GIVE	IURSING HOME STREET ADDRESS) My Hosp		ITUTION	12a. USUAL	OCCUPATION NO STOP)N	12h	KINDO	F BUSINE:	SS OR
ed Set be	13a	AL RESIDENCE (IF NURS	ING HOME OR OTHE		113c CITY OF		13d. INSIDE CE	ITY LIMITS?	13, 320	9 ADDRESS Shady	side			and,	Md
in i	14. F	ATHER'S NAME						MAIDENNA	ME				Ť		
exom O com	14- 1	Chester VAS DECEASED EVER		ler		OVE		î na	l	esby			COW	sill	
Z medico	100	Yes	(IF YES, GIVE WAR Vietr	OR DATES)	21544		Father		er Grov	/e/ La	65 Furel	, Ma	ryla		
event, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only or	ne couse pe								L	APPROXU	MATE INTERV	
		PARTI. DEATH W	IMMEDIATE CA			Ventricu	ilar fib	rillat	ion					48 m	in.
traumotic		2763		DUE,TO, C	RAS A CON	SEQUENCE OF		STATE OF THE							
raum		Conditions, if any,	which ((b)_	Нурок	SEQUENCE OF a emia a	ind Hypo	natrem	ìa		113				
or ather to		gove rise to immore couse (a), static underlying couse		DUE TO, C	RAS A CON Metab	SEQUENCE OF	alosis								
γ, ο	14	PART 2. OTHER SIGN						TO THE TERM	NINAL DISEAS	E OR COND	ITION G	VEN IN	PART 1(c)	
mlory,	o N	Encep	nalopati	hy wl	th set	zure dis	orders;	alcoh	olic h	epatit	is.				
ows any	CERTIFICATION	19a DATE OF OPERA				VHICH OPERATION			YES (X		20b. IF YE IN CERT	S, WERI	E FINDIN CAUSES	GS USED OF DEATH	4?
Item 18 shows		210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		OF INJURY .M. MONTI	H DAY YEAR	21c. HOW IN.	JURY OCCURI	RED (ENTER NA	TURE OF INJURY	IN ITEM 18.	PART † OR	PART 2)		4
5	MEDICAL	21d. INJURY OCCURI	RED	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATIO STREET	N		CITY OR TOWN	N	cou	JNTY	STA	TE
21 is morked		22a.1 certify that (h) sow the decease obove, (l) (we) (c	ed olive on	L Aug	ust		nd that in (my)	, 19 <u>80</u> (our) opinion	death accurre	Aug	te and ha	, 19 <u>80</u> ur and f		hot (X(w	
T. If Item		22b. SIGNATURE	Why	M	4.			TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI		22	C DATE S	Aug	80
IMPORTANT: If #		John W.	Chambe	rs, J	r., cp	T, MC	22e ADDRESS					T ME			
≥	23a. l	BURIAL, CREMATION, SPECIFY Burial	REMOVAL 23	b. DATE		23c. NAME OF	EMETERY OR C	REMATORY	23d. LOCA	ATION		COUNTY		STAT	
	(Burial		8-14	-80	Ft. L	in. Cen	n.	Bren	twoo	d. P	G. G.	Me	_	
7	24. F	NERAL DIRECTOR R	obt E					nd 250. DAT	E REC'D. BY R	EGISTRAR 2	Sb. REGAS	TRAD'S	SICHAL	Bread	4
	F	uneral H	ome	Rd	., Su	itland	. Md.	H	00. 4	1000				/	

STATE OF MARYLAND

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TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO HOSPITAL

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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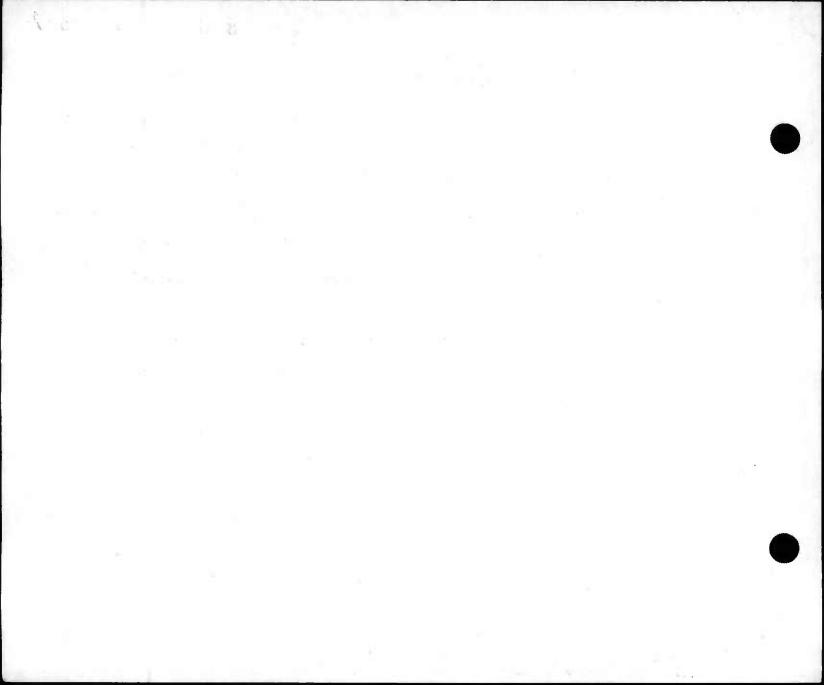
STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	Н	U I	9 3	0 /
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF D	EATH MONTH	DAY YEAR 2	HOUR 143
		Joh				8-	18-80	1 AN
1.	SEX	M -1	4 RACE	3 DATE OF BIRTH MONTH DAY Y	& AGE (IN YEARS			OURS MIN
-	1	THPLACE STATE OF FORIGH	while	1 - 3 - 1	4 041914000	64 YRS	OCE DE ATH	
1		VASH DC-	7h CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRI		CITY OR COUNTY	EUN DI	EL ME
3"	A	WWADOLIS	11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INSTITUTE		EUPATION or mast of working Life	12b KIND OF E	DU .
		TATE DENCE IN NURSING HOME OF	OTHER MISTRUSION CARE RESIDENCE BEFOR	YES NO	× 104	DRESS 100 D	SIDE	RD
10	FA	THER'S NAME SOHW A	WHOWY HAH	ELHOU HON	ES.	MIDDLE TH	OMAS	
"			E WAR OR DATES!	3104 EUMA	THA:	1 TERI	MAU	
		PART). DEATH WAS CAUSE	nly ane cause per line for (a), (b), o D BY: TE CAUSE (a)	nd (g. /			BETWEEN ON!	SET AND DEATH
		4140 Conditions, if any, which	DUE TO, OR AS A CONSEQU	/-/ · A /	Divare	à an	v. v.	
		gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQU	7,1	in Heart	Facher	67	mo
	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOW ELATED TO THE	HE TERMINAL DISEASE C	R CONDITION GIV	EN IN PART 1(0)	
2	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		IN CERTIF	S, WERE FINDING FYING CAUSES OF	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D		OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18, P	PART 1 OR PART 2)	
	MEDICAL	WHILE DOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
		saw the deceased alive on	ital) attended the deceased from, 5 3 0 19		opinion death accurred c	on the date and hou	0	ot (I) (we) lost uses stated
		The SKINATURE	Zvy	DEGREE ATTEN PHYSI	DING MEDICAL CIAN DIRECTOR	STAFF PHYSICIAN [8 1-8	
		THE PHYSICIAN'S NAME (TYPE O	HIPLEY	270 ABORESS	napol	i M	7/	
13	3/	STOMBMENT	8/21/80 230	NAME OF CEMETERY OR CREM	ATORY 234 COCATION OF TO	Apolis	county	40
E	4	HE VI FER	Fith My APDRESS	mode med	250. DATE REGD. BY REG	AR 25b. REGIST	ANES SIGNOLOGY	tooly

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the ottending physician and campletely filled in by the funeral remove carbonpapers. Pages 1 and 2 should be filed within 72

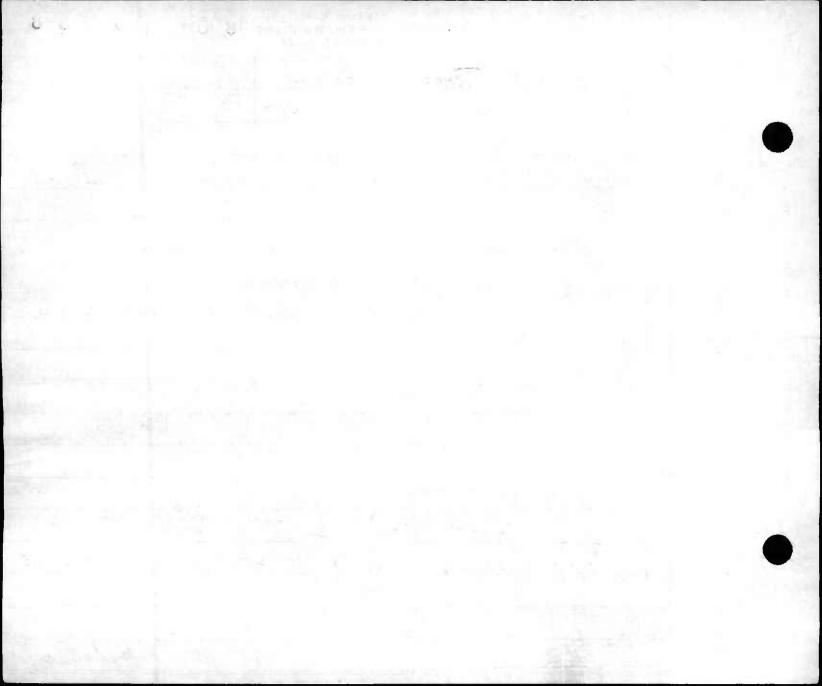
TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

etained by the haspital ar attending physician.

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	9 3	3 8
		CEASED NAME FIRST	. 4 -	TONNE!) 1	"H-PP 1	20 DATE OF DEATH	MONTH D	1000	26. HOUR
	3. SE>	Marr	4. RACE	10NNE/	5 DATE O	F BIRTH	August 1		1980	7:30 AM
		F	a	/	MONTE	- 6- 1887	93	YRS	ONTHS DAYS	HOURS MIN
83	7o. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		9 BALTIMORE CITY O		OF DEATH	MD
00	Ch	ity or town of death nurchton	5997	CH FACILITY, GIVE STREET	St.	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (Operator		INDUSTRY	phone
35	USUA 13a S	AL RESIDENCE (IF NURSING HOME STATE Md 136 CO	OR OTHER INSTITUTION UNITY AA	13. CITY OR TOW Church to	N	13d INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 5997 5t	h St.		
		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	57
21		lian Laffery	Tunne				ise Rob	inson		
1	16a V	VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	577 01 2		Mary Pritcha				
	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION	DUE TO, C		ENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR CON		EN IN PART 10	
9	CERTIFICATION	190 DATE OF OPERATION	196. CONL	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
9		? 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	PEAIN	DFINJURY M. MONTH DA 'M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1		220.1 certify that (I) (this has sow the deceased alive	00 11 4	e deceased from	2/8	that in my) (our) opinion	deoth occurred on the d	late and hour		that (I) (we) last causes stated
		226 SIGNATURE 13	San	rey	h	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	120 DATE	SIGNED 80
1		274 PHYSICIAN'S NAME (TIP	CH PRINT)			276 ADDRESS				
	(!	BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		rial UNERAL DIRECTOR	8-14-	80 b ur	Lady	of Sorrows	West Riv	VOP	AACQ	Med
		ardesty Funera	1 Home,A	nnapolis,	Md	ÄÜ	1 3 1980	prope	my hal	ready

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ATTENDING PHYSICIAN: The spilal or attending physician.

	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEAL	MARYLAND TH AND MENTAL HYGI TE OF DEATH	ENE 8 0	19	3 8 9
m d		ECEASED NAME GREST	e E.	HA	le	20 DATE OF DEATH	SONTH DAY YEAR	E DAM
ector, par rualtar de	1.50	FEMALE	RACE WHITE	5 DATE OF BI	PATH YEAR OF THE	6. AGE (IN YEARS LAST BIRTH	YRS.	AYS HOURS MIN
A STATE OF	VA	ENTUCKY	CITIZEN OF WHAT COUNTRY	WIDOWED L		HNNE A	LRAINDE	EU MC
IVI	1/	TUNMPOUS	1. NAME OF HOSPITAL, NURS	EN ADDRESS)	OSP.	126. USUAL OCCUPATIO (TYPEOF WORK FOR MOST OF HOUSE W/	WORKING LIFE) INDUST	OF BUSINESS OR
The made		STATE DENCE (IF NURSING HOME PRO	THE INSTITUTION, GIVE RESIDENCE BEF	URVIE Y	S NO D		KWOOD	PD.
and 2 sho	Z III.F	ATHERS NAME FIRST AMES	EDMOND.	S 15.	ELFRST ZA	MIDDLE	RIT	TER
Pages 1.		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECULAR OR DATES) 41401	9/38 P	GGY STEVER	316ADDRY	UNTER	MD.
e attending physic over cierbon paper nation, or remove her treamatic eve		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate	CAUSE (0) ELECTROLY DUE TO, OR AS A CONSEG	TR IMB		SCITES	\$ [\$] \$ [\$]	PROXIMATE INTERVAL EEN ONSET AND DEATH 7 - 8/2
een signed by the Then please rem or to burist, creat any rejury, or of	rion	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	ENDITIONS CONTRIBUTING TO	METAS ODEATH BUT NO		nal disease or cond		
te has beenit.	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION W	AS PERFORMED	YES NO	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
al-transit antal Hyg r ttem tt	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	12)
After this thank the marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		LOCATION	CITY OR TOW	COUNTY	STATE
SIRECTOR: ed for use a opt. of Heal		220.1 certify that (1) (this haspital saw the deceased alive an abave (1) (we) (did) (did nat) 22b. SIGNATURE	0/3/	100	at in (my) (aur) apinian d	eath accurred an the da	te and haur and fram	the causes stated ATE SIGNED
NERAL E be detach se State D	1	22d. PHYSICIAN'S NAME (TYPE OR P	RINT)	11	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF	AN D	8/28/84
Mould with the IMPOR	734	BURIAL, CREMATION, REMOVAL	C. WINNACO	37 /	TERY OR CREMATORY	1234 LOCATION	CTH P	CAN
P	,	BURIAL	8-31-80	YARNE	33 (DM.	LA 2-066		TENN.
DHMH-16 25M VRA 15, 4) 1/79	11/	UNERAL DIRECTOR NAME ALA ALA ALA ALA ALA ALA ALA	ADDRESS ADDRESS	UNA	S MA SEF	REC'D. BY REGISTRAR 1	OR DEGISTRAR'S	willing .

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•	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PIEMENEE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR
PAGE 4 SHOULD BE FORW,	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. ***********************************
AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2120	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

		STATE OF MARYLAND		
7		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 0	0
~		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 3	
Her I		ECEASED NAME FIRST / MIDDLE LAST 26. DATE KNOWN (2) MONTH	DAY YEAR	26. HOUR
TLL	(TYP	PRE OR PRINT)	4,50	1939
EET EET	3. SEX	Teruman II		2d. HOUF
STR				195
CESSARY, PLE NERAL DIRECTO FOR YOUR FLE WITHIN 72 HOURS PRESTON STREET		YRS.	1 180	1-1-3
ECESSA JNERAL FOR YOUTHIN	7a. BI	OREIGN COUNTRY) 76. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH	
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AAY IS N THE FI AGE 5 FILED, 301 W	10. CI		KIND OF BUS	INESS
S CHANTE	A	(IF NOT IN SUCH FACILITY BIVE STREET ADDRESS) A General Hosp, FOR MOST OF WORING LIFE)	OR INDUSTRY	Υ
DEL N N DEL	USU A	IAL RESIDENC NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!	1 10010	erer
F ANY DI AND 3 1 RETAIN HOULD E	13a. S	STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY HINTS? 136. STREET ADDRESS 7	1. Ava	alis
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		Frank Halek Canerul	?	
~ 5 2 0	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMATION ADDRESS		
URS AFTER B. GIVE PA WITH FOI PAGES 1 DIVISION	(1)	YES, NO, OR LINKNOWN) (IF YES, GIVE WAR ON THES) 21709 SEGO DEVA M. Halek same	2712	
RS A GIV PAC IVIS			ALIV	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE I	AND DEATH
E Z S S S S S S S S S S S S S S S S S S		IMMEDIATE CAUSE (0) Digo Caralal Myaration		
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NSI NSI OV.		Conditions, if ony, which gove rise to immediate (b) Centered Selenoses		
UTED WITHIN N PENCIL IN EXAMINER A RAL-TRANSIT MENTAL HY		couse (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF		
Y PE EXA IAL.	-	lying couse lost.		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
PIC	z	PART 2 OTHER STORMERCHAT CONDITIONS CURTIFIED TO BEATT BUT HE LERMINAL UISEASE UK CUNUTION GIVEN IN PART 1 (a).		
ULD BE EXECTIVE MEDICAL SED AS A BUILD HEALTH AND CREMATION,	2			
	3	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
SHO CHII F US	E		YES 🗀	NO E
CERTIFICATE STING THE WC TO THE SECOND BIS SHOULD BIS DEPARTMENT RIOR TO BURI	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART I OR PART I	2)	
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CERTIFIC TING THE SEE 3 SHOIL DEPART	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION		
	ME		IA	STATE
E. THIS DRWARE PAGE STATE		AT WORK AT WORK		
RE P		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apini	ion	
L EXAMINES E CERTIFICAT DULD BE FO L DIRECTOR H, WITH THE MARYLAND,	190	death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined monner ,		
XAMILD BE WITH WITH ARYLA				
CE CE		ACTUAL LOQUEUC WILL BELL TITLE (SPECIFY)	5/411	Son
SHO SHO PATH		SIGNATURE h Caucill MUSELS M.D. DONY MEDICAL EXAMINER SIGNED.	0111	200
EDICA ITE TH 4 SH NERA DEAT AORE,		EXAMINER'S NAME DO 2010 1 C 1111/1000 COM 1573 C1 MARACO	rete	00
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PA PA PA PA PA PA PA PA PA PA PA PA PA P	23a. BI	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY	STA	TE
BP	1	Surial Aug 1980 Codar Bluff Cometer Annapolis AA	- M	D
DHMH - 17	24. FU	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIG	NATURE	
(VR A15 ME (5)) 30M 7/73	T.	ohn M. Taylor & Sons Annapolis MI) AUG! HOU	7	
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STATE OF MARYLAND

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1	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICATE		IENE 8 0	0.	9 3	9	1
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3 SE	Female	white		DAY YEAR 5 1903	6. AGE (IN YEARS LAST OR		UNDER 1 YEAR	HOURS	74 HRS MIN
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	MARRIED NI	EVER MARRIED D	PANE	ARUN	. /		MD.
10 C	ANAPOLES	11. NAME OF HOSPITAL, NU	STREET ADDRESS)	RINSTITUTION	120 USUAL OCCUPAT 1TYPE OF WORK FOR MOST OF BEAUTIC			BUSINE	SS OR
USU 130 Ma	AL RESIDENCE (# HURSING HOME C STATE 138 COU RY LANCE 0200		TOWN 134 INS	NO 🗆		UNNY I	sle of) Ke	wt
14. 1	Julius	C. Stor	nne/ 1	Mary	EIIEN	FA	RANK	lin	V
	WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL VE WAR OR DATES) 578 2		ormand en J. Cross	122 Bas son Stever	Ftimore sville,			
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	Conditions, if ony, which	DUE TO, OR AS A CONS	EBRAL	HEMORI	RHAGE		60	HRS	7
	cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONS	ERIO SCL	EROSI'S			YEF	ARS	
N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	1	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO X		VERE FINDIN NG CAUSES		H?
	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		DW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)		
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	Yo te.F. V	orkow (P	DEGREE TERF. VERKO	ATTENDING A	MEDICAL STA		226. DATE :	17-8	80
	1419 FORE	ORPRINT) BT DRIVE	Pr Al	NIVA POLÍS	md. 2/4	03		/	
23e.	BUFIAL, CRÉMATION, REMOVAL WY) Urial	8/20/80	23c NAME OF CEMETER		23d. LOCATION CITY OR TOWN	-	O CHO	2. V	

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL OIRECTOR: After

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal

8/20/80 Hyattsville, Maryland

23c. NAME OF CEMETERY OR CREMATORY National Memorial

STATE Buch Va.

Francis Casch's Sons Funeral Politime, P.A.

Park Falls Chu 250. Date RECD. BY REGISTRAR PUR ARCHITECTURE ALIC 1 9 1980

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES.	LO TOWERAL UNICE LOS STATE DEPARTMENT OF HEALTH AND MENTAL HYGENED DIVISION OF VITAL RECORDS, 301 W PRESTON STREET.	BALTIMORE, MARYLAND_21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	EXECUTE THE	PAGE 4 SP	AFTER DEA	BALTIMORE

DHMH - 17 (VR A15 ME (5) 15M 7/76

1 - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) Timo 3. SEX Male White		MINER'S CE	RTIFICATE O	PEATH REG. NO.			100			
(TYPE OR PRINT) Timo		LA	AST	20 DATE KNOWN TY	MONTH D					
Timo	thu Allen			OF ESTI-	MONTH U	DAY YEAR	2b. HOU			
	othy Allen	Hir	nkle	DEATH MATED	8 2	25 19 80				
Male White	5. DATE OF BIRTH 6. AG	E (IN YEARS IF UNDI		24 HRS. 2c. DATE MIN PRONOUNCED	MONTH E	DAY YEAR	2d HOL			
		6 YRS.	DATS HOURS	DEAD	8 2	25 1,80	3:0			
Te. BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	8. MARRIET	D NEVER MARRI	9. BALTIMORE CITY OF	COUNTY	OF DEATH				
Baltimore, Mo	usa	WIDOWE			el Coi	intv.	1			
ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		RINSTITUTION	Anne Arund 12a USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE)	OF WORK 12h	OR INDUST	SINESS			
GlenBurnie	North Arundel		1	Mason Work	C	onstr				
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		1						
13a. STATE 13b. CC	AA Glen B	urnie	YES NOX	7535 W B &	A Ro	ьв				
14. FATHER'S NAME	An prom D		15. MOTHER'S MAIDE	NNAME	11 110	u.u.				
Charles	A. Hink		Sharon	L.	Gr	afton				
160. WAS DECEASED EVER IN U.S.			7. INFORMANT	ADDRESS	41	02 0011				
	GIVE WAR OR DATES)		Father.	same as 13						
	er only ane cause per line for (a), (b), and		ra onor,	Bano ab 1)		APPROXIMATI	E INTERVA			
lying couse lost.	gove rise to immediate cause (a) stating the under- lying cause lost. (c) PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).									
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21g. EXTERNAL CAUSE WAS	S 21b. TIME OF INJURY	121c HOV	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 P.	ART) OR PART 2	YES X	NO			
	OF DEATH : 09 XXXX. 8 25	YEAR		auto/fixed obje						
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WHILE NOT WHILE AT WORK		STR	sey Rd. &	Rt. 3	Anne	e Arun	del,			
22a. I certify that I took	22a. I certify that I took contains described obove, held on Autopsy . Inspection . Inquiry . and in my opinion									
deoth resulted from:	death resulted from: Volume Courses									
ACTUAL (TITLE (SPECIFY)									
SIGNATURE	work) (Mu	M.d	Deputy Chi	efmedical examiner	SIGNED.	8/25	/80			
EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. Smith, M.	.D	DDRESS111		to., 1	MD.				
230. BURIAL, CREMATION, REMOV		OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	3 36 3	TATE			
(DIECTED)										
Burial 24. FUNERAL DIRECTOR	28 Aug.80 Mead	lowridge			Howar		•			

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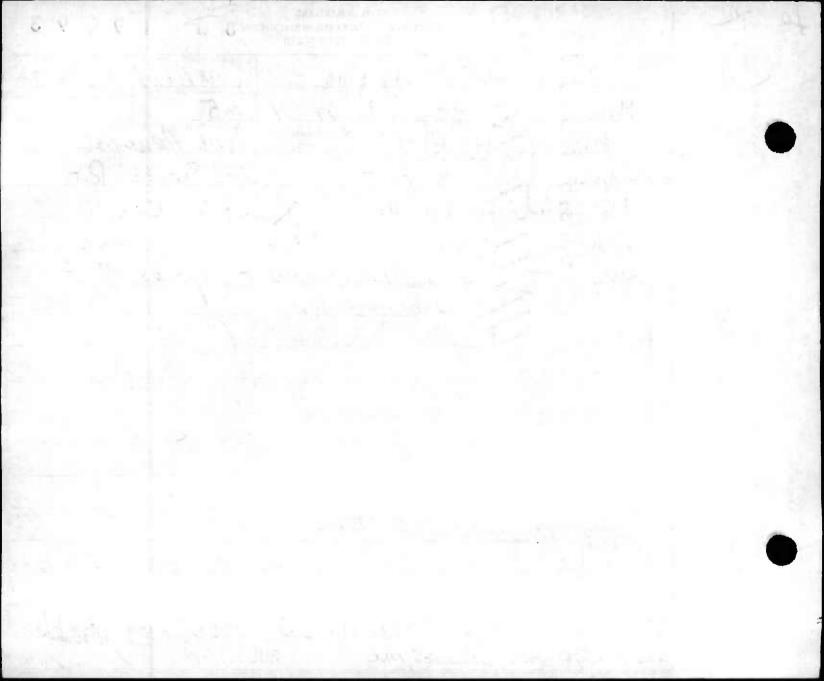
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0 72	L	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	19393
	(1)	PECEASED NAME FIRST Claude	W Hopkins 08/1	14/80 G:37 AM
oge 4 mi	3. 9	Male	WHITE 9 29 14 65	MONTHS DAYS HOURS MIN
ter death. Per within 72 ha	5	COUNTRY) MD.	USA WIDOWED DIVORCED HUVE A	RUNDEL MD.
offer d wifie	3/	WWApolis 11	MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF HOTH SUPH HIS CHITY, GIVE STREET ADDRESS) 12- USUAL OCCUPATION TYPE OF WORK FOR MOST OF 1111 SEC	WORKING UFE) INDUSTRY
LAND 212 LAND 212 Inin 24 hour ly filled in should be feeting the land th	>	UAL RESIDENCE (IF NURSING HOME OR OT STATE HOME OF A COUNTY	HANE STRUEDSUTTHE YES NOW IT	Box 10
RE, MARYLA ecuted within es a campletely es a campletely col examine	OL	PILLIAN L. MID	HODKINS NEUA	LAIR D
be execution and c	2 160	(YES, NO OF UNKNOWN) (IF YES, GIVE WA	POFORCES 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-18-5/13 NINHIAU H. HOPK	is # 13
ST., BALT strificate by physicia an papers emaval. event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED EIMMEDIATE (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2/2UV
ot W. PRESTON S that the death cer d by the attending lease remove carbo out, cremation, or re		Conditions, if ony, which	DUE TO. OR AS A PONSEQUENCE OF My veardial Jufarcher	~~
s that the ed by the olease remail, crema		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
requires requires on signed or to burn plus rinjury, o	NOI	PART 2 OTHER SIGNIFICANT COL	iditions <u>Contributing to Death</u> but not related to the terminal disease or cond	ITION GIVEN IN PART 1(0)
VITAL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rathending physician and completely filled in by the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanoppers Pages 1 and 2 should be fillent and Mental Hygiene prior to burial, cremation, or removal. Onced or them 18 shows any injury, or other traumatic event, the medical examiner must be fillent.	-47	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	(IN ITEM 18, PART 1 OR PART 2)
DING PHYS or attendir After this se as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE TO THE TOTAL THE T	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21 LOCATION STREET CITY OR TOW	COUNTY STATE
TTEND option of potential of the second of t		sow the decreased alive on	and that in (my) (aur) appared death accurred as the day	te and hour and from the causes stated
0 4 0 40		27% SIGNATURE LEVELY	ATTENDING MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept. MAPORTANT: If hem		22d. PHYSICIAN SNAME ITYPE OR PR	22e ADDRESS	
BP	234	DueiAL	JA DATE /23) NAME OF CEMETERY OR CREMATORY 286 OCATION BY CATON BY	evin An MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	24	FUNETAL DIRECTOR	duison, md 250. Date REGID. BY BEGINGER AUG 1 9 1980	su fiscantiami statisticale



medical examiner must be not find at a

	1 -	FOR • STATE REGISTRAR	DEP	STATE OF MA PARTMENT OF HEALTH A CERTIFICATE	AND MENTAL HYGI	ENE 8 0	1 9	3	9 4 EDT
f		CEASED NAME FIRST (OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH MON		YEAR	2b. HOUR
		ARMIN		HOWARD		AUGUST 19,			11:15 M
	3. SEX	Femal	* RACE White	5. DATE OF BIRTH	DAY YEAR	AGE (IN YEARS LAST BIRTHDAY	MONTH YRS.	DER I YEAR	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NE	VER MARRIED	ANNE ARUNDEI			440
	10. CI	ITY OR TOWN OF DEATH		URSING HOME OF OTHER	RINSTITUTION	12a. USUAL OCCUPATION	12	. KIND O	OF BUSINESS OR
4	GL	EN BURNIE	NORTH ARUNDE			TYPE OF WORK FOR MOST OF WO		DUSTRY	
25	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	NTY 13c. CITY OR		- 0	30 Rose	R3 My	ال 16 مع -	7
0	14. FA	ATHER'S NAME	MIDDLE LAS	17	HER'S MAIDEN NAM	E		LAS	šī T
040		Anthony	CPIAN	nee	Claren	ADDRESS	07	VIE,	Y
1		WAS DECEASED EVER M U.S. AI YES, NO OR UNKNOWN) (1F YES, GIV	(F WAR OR DATES)	SECURITY NO. 17 INFO	Ly Reve	11 .	30 for	exs	Ayrum
		PART I DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate couse (d) sharing the underlying couse last	DUE TO, OR AS A CON-	SEQUENCE OF CLE	u, Ru white H	ecement Dire	en		CHART AND DEATH
	NO	PART 2. OTHER SIGNIFICANT	ON GIVEN IN	PART III	9)				
2	CERTIFICATION	19. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION WAS P	ERFORMED		LIPTES, WEI PERTIFYING YES [
9	1/58	71g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OH IF TITHER, NOTIFY MEDICAL EXAMINES	ATH HOUR A.M. MONTH		W INJURY OCCURRE	D (ENDER NATURE OF INJURY IN	TEM 18, PART 1 C	RPART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE D HOT WHILE D AT WORK	214. PLACE OF INJURY (AT HOME, STREET, PACTORY, O		CATION TREET	CITY ON TOWN	1	NUMBER	STATE
		27a.1 certify that (1) (this hosp saw the decreased alive or above, 11) (was entirely and a	The Party of the P		(my) (our) opinion de	ath occurred on the date of	19_ and hour and	- N	that (i) (we) last couses stated
		775-SIGNATURE	ng Boll	any for	The second secon	MEDICAL STAFF		01	20/PO
1		HA BHYSICIAN'S WAME ITEM	V	274. AD	7043	Oakwood Road		/	/
1	1	JORGE B. RA	MIREZ, M.D.	11000	Glen	Burnie, Mary	land,	21061	

HuTh 26

230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 1C. (SPECIFY) BURIAL CREMATORY 8-23-80 BRICK Church Complexy His 24 FUNERAL DIRECTOR 250. DATE REC'D. E CHARCLES L. STEVENS FUNERAL HOME, INC. 1501E, FORTH AUG 21

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After should be detached for use as it with the State Dept. of Health a ALTER HANDS NEEDEN ACTUAL VEHICLE AND ACTUAL VEHICL

the Market Branch and the Control of freehold harper

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fureral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 thousand with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical exom

STATE OF MARYLAND FOR STATE

STATE OF MARITAINS							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8						
CERTIFICATE OF DEATH	J						

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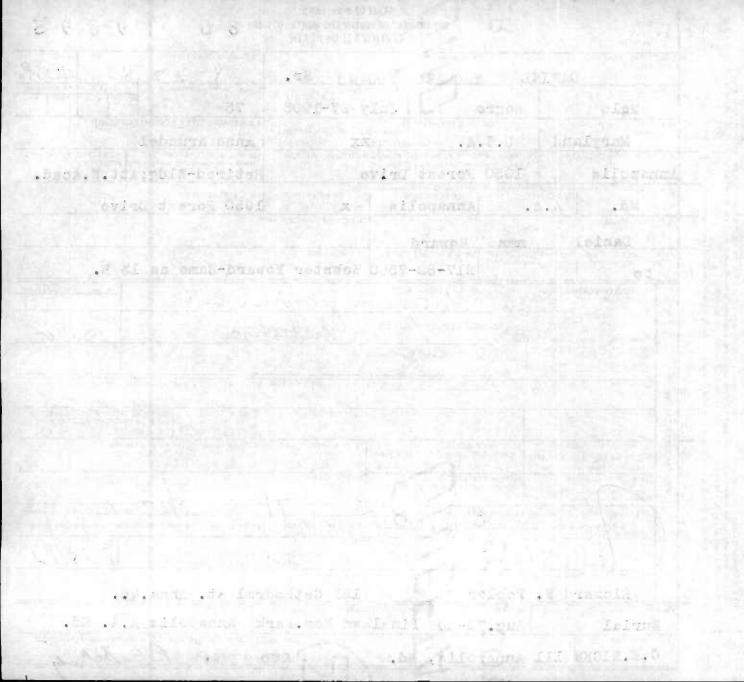
REGISTRAR		CERTIFICATE OF DEATH	REG. NO						
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 2b. HOUR					
(TYPE OR PRINT) DANI	EL THOMAS	MOWARD Sr.	X 2	7 80 4:30 Pm					
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH						
Male	Negro	July 27-1905	75	MONTHS DAYS HOURS MIN.					
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH					
Maryland	U.S.A.	WIDOWE DIVORCED	Anne Arur	idel Mp.					
10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126. KIND OF BUSINESS OR					
Annapolis	1950 Forest	Drive		working life) INDUSTRY Ldg; Att. N. Acad.					
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUR A	NTY 13c. CITY OR TOW	N 1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1950 Fores	st Drive					
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST					
Daniel No. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU		ADDRES	S					
	217-52-		ward-Same	as 13 E.					
PART I. DEATH WAS CAUSE	nly one couse per the for (b), (b), on ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE	nome & pros	fale will	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 Mag					
	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)					
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH DA	YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)					
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED OT WHILE CAUSE OF DE ALVER	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	criv de tigen	COUNTY STATE:					
sow the deceased alive on	220. I certify that (I) (this hospital) attended the decored from								
224-PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e. ADDRESS							
Richard N.	. Peeler	121 Cathe	dral St. An	na Md.					
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Pinelawn Mem. Pai	CITY OR TOWN	is A.A. Md. STATE					

BP. DHMH-16 50M 7/77 (VR A 15 (4))

retained by the haspital or attending physician.

24. FUNERAL DIRECTOR
C.M. HICKS 111 Annapolis, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) 5. DATE OF BIRTH AGE INVEASS LAST BRITIDAY 3. SEX 4. RAC emale TO. BIRIHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) filed USEWITE Py USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE REGIDENCE BEFORE ADMISSION) 130 STATE / 130 CITY OR TOWN / C 13d. INSIDE CITY LIMITS? pino naPO/15 YES X NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 FIRST MIDDLE LAST FIRST TO 5 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, YOUNKNOWN) (IF YES, GIVE WAR OR DATES) 16b SOCIAL SECURITY NO 12 INFORMANT Pu poper naval. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) corbe DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF ath underlying couse last. plea 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 hen to bu NO CERTIFICATI 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? ğ d NO ial transit printer physicial 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR burial-tr Mental I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 70 MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) and NOT WHILE morked AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR. (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, I'll keep did and get lives the body after death and that 22h SIGNATURE DEGREE

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔏

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

IF UNDER 1 YEAR

INDU

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

YES T

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 24 HRS

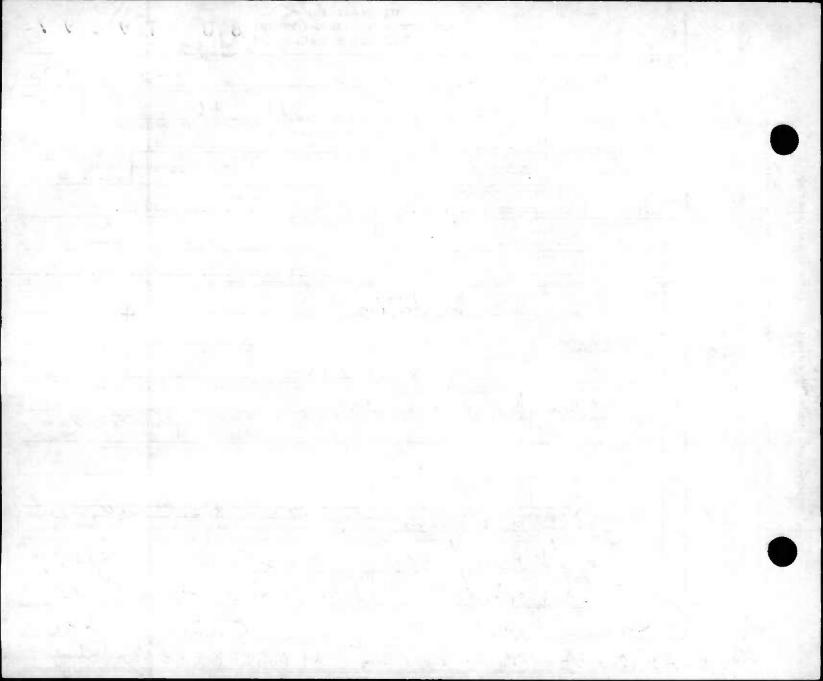
12 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CHIANT 9 # OATION TYPE TOWN 73h DAYE GEMETERY OR CREMATORY 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S DHMH - 16 50M 7/77 (VRA 15(4))

THE RESIDENCE OF THE PARTY OF T THE REPORT OF THE PARTY OF THE C/\1034 C CYLY K THE TELEVISION OF THE STATE OF THE 1. 1991 (1. 1994) (1. 1995) (1. 1995) (1. 1995) (1. 1995) (1. 1995) (1. 1995) (1. 1995) exist 1930 within 24

death certificate be

TO HOSPITAL Six ATTENDING PHYSICIAN The retained by the hospital or attending physician

/		FOR			DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 ()	193	9 7
X	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N		
		EASED NAME	FIRST		MIDDLE	-	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	(TYPE C	R PRINT)	phie		C.	ala:	mes		8-25-80	405
	3 SEX			RACE	0.		OF BIRTH	6. AGE (IN YEARS LAST BIR	000	AR IF UNDER 24 HI
100		F		/ Wr	nite	MONTE	- 1 - DAY YEAR	56	YRS DAY	S HOURS MI
t o	7a. BIR	THPLACE (STATE OR F	OREIGN 7	. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH	
10	-	leigh N.C		U.S.A	A.	WIDOW		Anne Ar	undel	
53		y or town of DE nnapolis	ATH 1	AMPLE SUP	HOSPITAL, NURSI	ng home of	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE DEPORTED NOS PA	ewopiking (IFE) INDUSTR	OF BUSINESS
E 7 1		L RESIDENCE (IF NUR						13e STREET ADDRESS	nunad Dd	14.
50		d.	Gamb	rills	A.A. Co	o	YES NO	1821 Unde	rwood ka.	
120		HER'S NAME FIRST EORGE		oburn	LAST		Annie	Fo.ne	Mille	er
1	16a W	AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDR		
ž /	N	O	1 723,0172		219-12-	-4468	Reginald Ja	ames 1821 U	nderwood Rd	. Gambri
18 shows any injury, or othe	TIFIC	90 DATE OF OPERA	mediate ag the last	ONDITIONS CO	RAS ACONSEOL FORM DITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM THE NOT WAS PERFORMED	200 AUTOPSY? YES NO	DITION GIVEN IN PART 70h IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED
4		21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT		M. MONTH		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM TB, PART T OR PART 2)
marked or I'mm	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT W AT WORK AT WE	RED HILE	21e PLACE ((AT HOME, STR		FARM, ETC.)	ZII LOCATION STREET	CITY OR TO	wn COUNTY	STATE
21 is		saw the decease abave; (1) (1)				80.	nd that in (my) (aur) apinian a	death occurred an the d	ate and hour and from t	, that (Dwe)! he causes stated
MPORTANT: If Item		22b. SIGNATURE	nh &	1. Fru	m/ 91	W.D.		MEDICAL STA	FF _ S1	1257 81
MPORTA	1	226. PHYSICIAN'S N	ph N	. Frie			16/6 For	STDr- K	nngoli,	w
_/	3a. BI	Bline Bline	REMOVAL	236. DATE 8/37/	80 3	NAME OF	EMETERY OR CREMATORY	23d. LOCATION GITY OR TOWN.	country -	Moder
25M 1/79	24 FU	WERAL DIRECTORY	f.4.	12 R.d	gely Loc	, Es	mappels, and All	erec'd. by registrar IG 26 1980	250. REGISTRAR'S SION	Crooly



FOR

- STATE

								REG. NO.
	I. DE	EASED NAME	FIRST	-	MIDDLE	L	AST	2ª DATE OF DEATH MO
Service.	(TYPE	OR PRINT)	HOMAS	I	. 30 101	JEN	KINS	AUGUST
	3 SEX			4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHO
once.	M	ale		White		Nov.	18, 1933	46
ten /		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1 AAA DDIE	D 🖾 NEVER MARRIED 🗆	9 BALTIMORE CITY OR
B ()		ryland		USA		WIDOWE	_	ANNE ARUNE
Tour on work		EN BURNIF			HOSPITAL, NURSIN HEACILITY, GIVE STREET, HARUNDEL		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W DWINET T &
25	13a S	RESIDENCE (# NUI TATE aryland	13b COUL	NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hanover		134 INSIDE CITY LIMITS? YES NO 🖾	13e STREET ADDRESS 892 Timb
	14. FA	THER'S NAME FIRST		MIDDLE M.	LAST Jenki	ns	15 MOTHER'S MAIDEN NA FIRST Alma	AME
20		AS DECEASED EVER		RMED FORCES?	166 SOCIAL SECU			Hanover, MORESS
1	()	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-30-	-6463	Mrs. Thomas	L. Jenkins,
or other traumatic		Conditions, if any gove rise to im cause (a), stati	ing the	(b)	R AS A CONSEQUE	286	bro vascu	la accio
ws any injury, or other	FICATION	gove rise to im cause (a), stati underlying caus	mediate ing the le lost	DUE TO P	Left (R AS A CONSEQUE R CUVE ONTRIBUTING TO D	ENCE OF	bro Vas cu Ventriculo NOT RELATED TO THE TERM	lar accio av Tachy Co minal disease or condit 200 autopsy? 2
or Item 18 shows any injury, or other	AEDICAL CERTIFICATION	gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED) 21d, INJURY OCCUP	INTERIOR CONTRIBUTION CONTRIBUT	CONDITIONS CONDITIONS	R AS A CONSEQUE R ON TRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	
21 is marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MEDI 21d. INJURY OCCUPY AT WORK NOTHY AT W	INTELLATION NOTE L'AINTELLATION NOTE L'AINTELLATI	CONDITIONS CONDITIONS	R AS A CONSEQUE CONTRIBUTING TO D IT ION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO STEED (ENTER NATURE OF INJURY III CITY OR TOWN
result and wental hygiene prior to bural, cremain 21 is marked or Item 18 shows any injury, or other		gove rise to im cause (a), stath underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI- AT WORK [AT WORK [AT WORK [AT WORK [Sow the deceo	ENTERCANT (CAUSE OF DE CAUSE O	CONDITIONS CONDITIONS	R AS A CONSEQUE CONTRIBUTING TO D ITION FOR WHICH ITION FOR WHICH M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F THE deceased from	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.	N WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 2 YES NO
the State Dept. of Health and Mental Hygiene prior to burial, cremating TANT: If Item 21 is marked or Item 18 shows any injury, or other		gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY AED) 21d. INJURY OCCUP AT WORK NOTIFY AED 22a.1 certify that (I sow the decea above (I) (we))	TIME CONTROLL OF THE CONTROLL	CONDITIONS CONDITIONS	R AS A CONSEQUE R AS A CONSEQUE CONTRIBUTING TO E ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH AM. OF INJURY REET, FACTORY, OFFICE, F e deceased from offer death.	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.	211 LOCATION STREET 19 dd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO STAFF
State Dept. of Health and Mental Hygiene prior to burial, orematin	WEDICAL WEDICAL	gove rise to im cause (a), stati underlying caus PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTHY MED) 21a. INJURY OCCUP WHILE ATWORK NOT VA ATWORK NOT VA 22a. 1 certify that (1 sow the decea above (1) (we) 22b. SIGNATURE	INTELLATION INTELLATION INTELLATION INDERLYING [CAUSE OF DE- ICAL EXAMINER RRED WHILE [CAUSE OF DE- ICAL EXAMINER (CAUSE OF DE	CONDITIONS CONDITIONS	R AS A CONSEQUE PONTRIBUTING TO D ITION FOR WHICH ITION FOR WHICH ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. after death. M. D. 130. N.	DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	211 LOCATION STREET 211 LOCATION OF THE CONTROL 211 LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NO NO NO NO NO NO NO NO NO NO NO

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR 26. HOUR 1980 IF UNDER 24 HRS IF UNDER I YEAR DAYS HOURS YRS COUNTY OF DEATH DEL COUNTY MD. 126 KIND OF BUSINESS OR ORKING LIFE) INDUSTRY Trucking Co. er Ridge Drive LAST Payne 21076 892 Timber Ridge Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH rdis ION GIVEN IN PART 1(0) OL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [NO [N ITEM 18, PART 1 OR PART 2) COUNTY STATE _, that (I) (we) lost and hour and from the causes stated 22c. DATE SIGNED NO POLIS BLVD. 21061 STATE COUNTY Howard, Maryland REGISTRAR'S SIGNATURE

Annual aluman a v

THE DAMPONDON ASSESSMENT NO. COURT OF TAXABLE PARTY

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that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital ar attending physician.

5	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENES O	1 9	3	9 9 DST
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	Ne iet	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
		MAUDE		C.		ENNINGS		4, 198		6:36 M
	3. SEX		4 RACE		5. DATE (6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HRS
	FEMALE		NEGRO		Oct.	29 1933	46	YRS.		
ch	70. BIRTHPLACE (STATE COUNTRY) MARYLAND	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	NEVER MARRIED	ANNE ARUN			MD
4	GLEN BURN		11. NAME OF		IG HOME (OR OTHER INSTITUTION	126. USUAL OCCUPA (TYPE OF WORK FOR MOST	ION		OF BUSINESS OR
13 11	USUAL RESIDENCE (130. STATE MARYLAND	13b COUN	1TY	PASADENA	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS P.O. Boxx	74		10.2
20	14 FATHER'S NAME WILLIAN	и н	AN DY	CARROLI		IS MOTHER'S MAIDEN N	AME TREN	E	Î	ACK
1	WAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	216-32-4		17 INFORMANT LaDerald Pu	ADDI 11ey 7857 L		Pasad	lena, Md.
9	underlying	stating the lost. SIGNIFICANT C	CONDITIONS C	elene	MA DEATH BUT	NOT RELATED TO THE TER HE READ ON WAS PERFORMED	MINAL DISEASE OR COL	206. IF YES,	WERE FINDI	alian'
9	OD CONTROLLING	AS UNDERLYING C	1111	DE INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU				NO D
	21d. INJURY OC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	saw the d	ot (I) (this haspr eceased alive on we) (oid) (did na	1	ne deceased from	20,0	nd that in (my) (our) opinio	, ta	date and haur		that (I). (we) last causes stated
1	22b. SIGNATUR		alia	ni		DEGREE ATTENDING PHYSICIAN 1220. ADDRESS 4030	MEDICAL ST. □ DIRECTOR □ PHYS Fallstaff	AFF ICIAN []	22c DATE	SIGNED
1	The Late of the Control of the Contr	sh K. B		, M.D.			imore, Mary		215	
7/	23n BURIAL CREMAT				NAME OF C	EMETERY OR CREMATORY			OUNTY -	STATE
	BURIAL		8-8-19	80 Mt.	Cal	vary Cemetery				arvland
	24. FUNERAL DIRECT		ONS MOR	Annapol TUARY, P.	is. I		ATE REC'D. BY REGISTRA		1/100	URE

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mpletely filled in by the funerol director and 2 should be filed within 72 hours of

njury, or other troumotic event, the

should be detoched for use os the buriol-tronsit permit. Then pleos with the State Dept. of Health and Mental Hygiene prior to buriol, MPORTANT: If Item 21 is marked or Item 18 shows any FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4	0	0

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DA	YEAR	26. HOUR DS	
	FRANCES PAU	JLINE .	JOHN	SON	AUGUST 16,	1980		3:05 P	
3. SE	X	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR		
	Female	Black	Feb.	22,1908	72	YRS			
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	Md.	U.S.A.	WIDOWED	DIVORCED [ANNE ARU	NDEL C	COUNTY	M	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!		OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON F WORKING LIFE)	12b. KIND (OF BUSINESS OR	
GI	EN BURNIE	NORTH ARUNI	DEL HOSP	ITAL	Maid		Priv	rate	
	STATE 13b CO	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OUNTY P.G.A. P. SEVERY	OWN 113	d. INSIDE CITY LIMITS?	1835 Cir	cle R	d.		
14 F	ATHER'S NAME FIRST Mansfield	Mason LAST	15	MOTHER'S MAIDEN NA	MIDDLE	Carr	oll "	AST	
	WAS DECEASED EVER IN U.S.	CIVE WAR OR DATES		1 INFORMANT	ADDRE				
,	NO	212-58	3-7774A	Carolyn I	ic Call-Sam	e as	# 13	above	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF AS		to	Proi				
NOI	PART 2 OTHER SIGNIFICAN	nt conditions <u>contributing t</u>	<u>O DEATH</u> BUT NO	OT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0)	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION '	WAS PERFORMED	20a AUTOPSY? YES NO			INGS USED S OF DEATH? NO []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	HOUR A.M. MONTH DAY YEAR			JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJU (AT HOME, STREET, FACTOR)			11 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
	22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (d.d.	ospital) attended the deceased from 8 - 19	80 , ond		, to, death occurred on the d	ote and hour	and from the		
	22b. SIGNATURE	2 SWI	(N		DIRECTOR PHYSIC	CIAN	8	ESIGNED	
	22d PHYSICIAN'S NAME /TYPE	PF OR PRINT!	()	2e ADDRESS 78	15 OAKLIOOD I	CAN 5	120/		

O FUNERAL DIRECTOR:

DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 8-21-1980

CHARLES J. WU, M.D.

23c. NAME OF CEMETERY OR CREMATORY WILSON A.M.E. CH. CEM

23d. LOCATION GAMBRIELS

GLEN BURNIE, MARYLAND

COUNTY

21061

Burial
24 FUNERAL DIRECTOR

H.S. WASHINGTON, SONS 4925 BULLOUGHS AVE. N.E.

250. DATE REC'D. BY REGISTRAR 256. REAL AUG 2 7 1980

emple sinck cs. 27,1908 72

Ed. D.S.A. x

Ed. D.S.A. x

Ed. P.G. Sever x 1635 Circle Ed.

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Enwafield sacon see a 15 above

executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

iner must be notified at once.

FOR

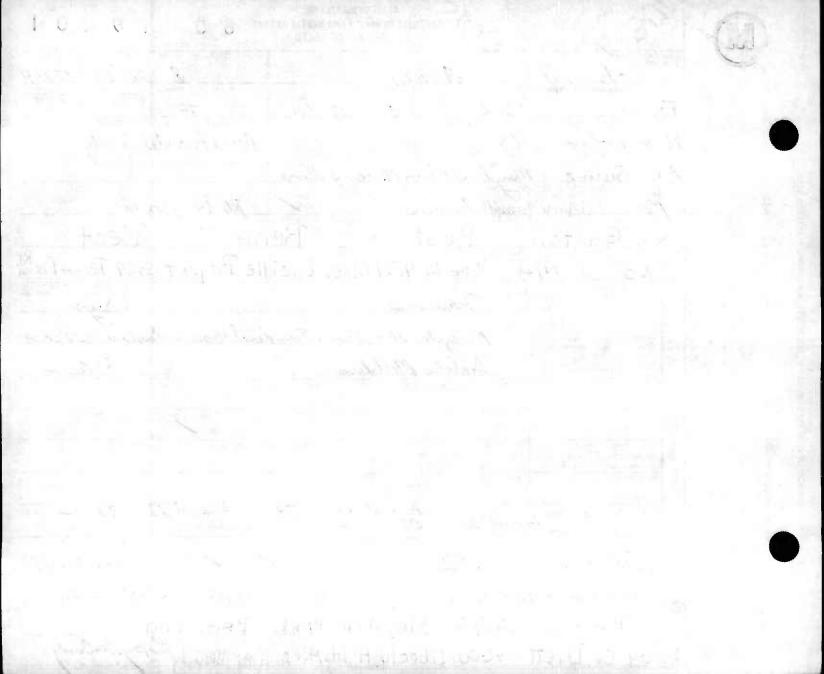
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	0	1	9
	REG NO		

1	9	4	0	-
2				

- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1 DECEASED NAME FIRST MIDDLE	LAST	24 DATE OF DEATH MONTH DAY YEAR 25. HOUR
clohnson s	annh	8 20 80 12.05 R
3. SEX	5. DATE OF BIRTH	4. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 24 HRS
Formale Black	MONTH DAY YEAR	74. YRS. MONTHS DAYS HOURS MIN.
78 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUN		BALTIMORE CITY OR COUNTY OF DEATH
North Carolina 4.5.	WIDOWED DIVORCED	Anne Arendel Countre MO
	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
Flen Rume Mandard A	Jamos Neergana Hours	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSHIG HOME OF OTHER HISTIDATION, ONE RESIDENCE TITLE TO THE TOTAL TO	TOWN 134 / JUSIDE CITY LIMITS?	III. CIREET ADDRESS
med 1 1 1	YES NO D	13a. STREET ADDRESS
14 FATHER'S NAME	15. MOTHER'S MAIDEN NA	
Rev. "Gaston" Bes	st Re	na Best
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL (YES, NO ORUNKNOWN) 1 (18 YES, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS T PR
NO NA 056-1	12-4827 MRS, Luci	lle BRYANT 2409 PERRATIRM
18 CAUSE OF DEATH (Enter only one cause per line for (a), Il	b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	moma	Xaces
2500 DUE TO, OR AS A CONS	FOUENCE OF	
Conditions, if ony, which ((b) Multiple	LecVAs, Severe Pergo	heral Vancular August 10 Years
gove rise to immediate couse (a), stating the DUETO, OR AS A CONS		
underlying couse last (c) Dealed	is Melletino	30 pears
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DE TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(a)
190 DATE OF OPERATION 196 CONDITION FOR W		
3 1% DATE OF OPERATION 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES NO YES NO
CONCOURD CONCERNATION FULLY A.M. MUNIF	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19	
OR CONTRIBUTING CONSE OF DEATH IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY CATHORIS CONTROL CATHORY, OR THE CATHORY, OR THE CATHORY, OR	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
WHILE AT WORK AT WORK		
22a.1 certify that (15)this hospital) attended the deceased f		, to August 20, 19 80, that the (we) lost
saw the deceased alive on Award 20 obove (1) (we) (did 1/did not) view the body after death.	19 and that is (my) (our) opinion	death occurred on the date and haur and from the couses stated
276. SIGNATURE	DEGREE	22c. DATE SIGNED
Feter H. Kennstem. MS	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN AMO 20. 1980
224. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	7 1
PETER H. RHEINSTEIN,	MD MARYLAND	MANOR NURSING HOME
230 BURIAL, CREMATION, REMOVAL 236. DATE	234 NAME OF CEMETERY OR CREMATORY	73d. LOCATION CITY OR TOWN CONSMITY STATE
Burial 8/23/80	King Memi PARK	Balt, and
24 FUNERAL DIRECTOR NAME ADDRE	25e. DAT	E REC'D. BY REGISTRAR 231. BE ISTRAR'S SIGNATURE
Leroy O. Dyett 4600 L	iberty Mgutsthe AU	G 2.8 1980



within 24 hour

completely filled in by the fune I and 2 should be filed within 7.

TO FUNERAL DIRECTOR: After this certificate has been

BP.

DHMH-16 25M

(VRA 15, 4) 1/79

should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene pri

sho

marked or Item 18

IMPORTANT: If Item 21 is

CERTIFICAT

MEDICAL

230 BURIAL, CREMATION, REMOVAL

Burial

STATE OF MARYLAND

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•	0			9	
	000 110				

REGISTRAR I DECEASED NAME	FallST	MIDDLE CEI	RTIFICATE OF DEATH	REG. NO.	DAY YEAR 75 HOLLR
(TYPE OR PRINT)	HILDA		ZENOL	28 DATE OF DEATH MONTH	8 80 8 50 A
J SEX Female	4 RACE Caucas	ian Ju	ATE OF BIRTH MONTH DAY YEAR 11y 8, 1929	51 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (STATE OF COUNTRY) Maryland	Ţ	JSA WID	ARRIED A NEVER MARRIED OWED DIVORCED	Anne Arundel.	Mo
Annapolis	109 S	Cherry Grov	re Avenue	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE C & P Tele, Co.	Retired
USUAL RESIDENCE (# N 130 STATE Maryland	136 COUNTY Anne Arunde	n. GIVE RESIDENCE BEFORE ADMIS 134 CITY OR TOWN Annapolis	SION) 134 INSIDE CITY LIMITS? YES \$\incert \text{NO} \cap \text{}	13. STREET ADDRESS 109 S. Cherry G	rove Avenue
14 FATHER'S NAME FIRST John	MIDDLE T	Evans	IS MOTHER'S MAIDEN NA FIRST Edith	AME MIODLE Vernon	Bovd
16a WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	21.3-26-276		109 Saddherry nes. Annapolis. M	Grove Ave.
	ATH (Enter only one cause poly WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO,	OR AS A CONSEQUENCE	OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if a gave rise to cause (a), sto underlying ca	immediate	DR AS A CONSEQUENCE	OF GREAST	CAPICINOMA	7.0

DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	20a AUT	OPSY?	206. IF YES, WERE FIN	IDINGS USE
			YES 🗌	NO	YES 🗌	NO [
ACCIDENT WAS LINDERLYING	216 TIME OF INJURY	21. HOW INTURY OCCU	DDED (ENITED NO	TILLOS OS INLILLI	W IN LITE OF THE STATE OF SART	21

210 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE

AUGUST 220 I certify that (I) (this haspital) attended the deceased from

saw the deceased alive an AUGUST 7
above. (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

MD MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Hallows Cemetery

LANDVATER

RIDGELY 103

234. LOCATION STATE Davidsonville

STATE

08-11-80 24 FUNERAL DIRECTOR St., Anna., Md. West

23b. DATE

250. DATE REC'D.

Course Areas and Fine at the later of the second state of the second state of the second s AUGIIKOU

0 0 0		Ridgely	Albert	verreuperger.	August	17,1900
	3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
0.00		Male	Caucasian	June 11, 1909	71	MONTHS DAYS HOURS MI
e e		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
in 72		laryland	USA	WIDOWED DIVORCED	Anne Aru	ndel
	_	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 126. KIND OF BUSINESS
Petified	G	len Burnie	111 Third Av	enue S.E.	Superviso	r - Ret C&O F
and be	USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Md. AA	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY GIAC CITY OR TOV		? 13e STREET ADDRESS 111 Thir	d Avenue S.E.
2 sho	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	
2 2			A. Kellenbe		G.	Knauff
dicol			(E WAR OR DATES)		ADDRE	Dodie ab
s. Po		No	705-05	-2841 Mrs. Nor	ma Kellenbe	
t, th		18 CAUSE OF DEATH Enter of	nly one cause per line far (a), (b), ar	nd ic	1 .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
erao		PART I. DEATH WAS CAUSI	TE CAUSE (a) CARCIN	my of the	Lyne.	2.3 412
or r or r		1629	DUF TO, OR AS A CONSEQU	ENCE OF	0	
non,		Conditions, if any, which	(b)			
er fr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
ol, cr r oth		underlying cause last.	(c)			
burie y, o	_	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE T	erminal Disease or cont	DITION GIVEN IN PART 1101
5 tr	CERTIFICATION					
pric s any	N O	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
now y	שַּׁ				YES NO	YES NO
Hyg 18 S	_	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D		CURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
lem /	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIR	19		
or h	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
rked	2	AT WORK AT WORK	(ATTIONE, STREET, FRETOKT, OFFICE,	FARM, LTC.)	0	
eolth mo		22a.1 certify that (I) (this hasp	ntal) attended the deceased fram.	1970	to Yau	7 , 19 80 , that (I) (we)
21 is		saw the deceased alive ar	n 19	, and that in (my) (aux) apin	ion death occurred by the do	ate and hour and from the causes stated
ept.		22b. SIGNATURE	O / /·	DEGREE	/	221. DATE SIGNED
T T		(140x 1	30 LM	ATTENDING	MEDICAL STAF	FIAND 8/14/5)
AN AN		22d. PHYSICIAN'S NAME OFFE	OR PRINT)	22e ADDRESS		10/1/10
h the		Wayne Tate	. M.D.	108 Cent	ral Ave.S.W	.,Glen Burnie,
W W	-				Test to Settlet	

James S. Kirkley, Glen Burnie, Md.

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

MIDDLE

- STATE

m f

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

Glen Burnie, AA, Md. 16 Aug. 80 Glen Haven Mem. Pk. 256. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 14 1980

108 Central Ave.S.W., Glen Burnie, Md.

REG. NO

MONTH

13,1980

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

RR

20 DATE OF DEATH

A STATE OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE P The College of the co A Second policy of the second policy E de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya d ALL ALEST MALE OF THE SECOND S the state of the second

The Arthur Market Market Market Control of the Cont

- STATE REGISTRAR

1 DECEASED NAME (TYPE OF PRINT)

e 3	5		(TYPE	BE	ULAH	V	IRGINAA	KNI	GHT		AUG	JST 2,	1980	2:45A
(11)		3 SE	x Female	Í	RACE Whi	te	S DATE O		1918	6 AGE (IN YEARS LAST OF	RTHOAY)	MONTHS DAYS	IF UNDER 24 H HOURS MA
Derain	in the little of	25	C	RTHPLACE (STATE OR FO DUNTRY) aryland	PREIGN 7		WHAT COUNTRY	? 8 MARRIE WIDOWE		MARRIED (3)	ANNE ARI			
ours after by the fa	ed within	54		TY OR TOWN OF DEA	тн П		HOSPITAL, NURS CHEACHITY, GIVE STREE ARUNDEL	T ADDRESS)		STITUTION	120 USUAL OCCUPA ITYPE OF WORK FOR MOST Seamstre	OF WORKING L	FE) INDUSTRY	thing
ithin 24 ho	o o	35	130 5	al residence in Nurs STATE aryland	136 COUNT AA	Υ	GIVE RESIDENCE BEFORE TO THE COLOR TO THE CO	WN	13d. INSIDE	CITY LIMITS?	13. STREET ADDRESS 215 Ker		ad	
d w	S G	120	14. FA	Williar	n	C.	Knig	ht		r's MAIDEN NA/ First Beulah	WE		Hur	
e be exec	Pages 1	1	16a V	vas deceased ever res, no or unknown) No	IN U.S. ARM (IF YES, GIVE V NO	WAR OR DATES)	212.05		Mrs.		a Riley		er)	ame a 13
certificat g physicia	removal.			18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY	A cut	nd (c).1	sulmi	nen	edema		BETWEEN	MATE INTERVAL ONSET AND DEA
es that the death of	ase remove carbon pa al, cremation, or rem			Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediote g the	(b)_	R AS A CONSECU	silen	de c	cardio	vesule	disea	2.8	
w requir	Then pleas or to burial		NO	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COI	NDITION GI	VEN IN PART 1	0)
N: The la	permit. giene prie	9	CERTIFICATION	196 DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	206 AUTOPSY?	IN CERT	S, WERE FINDIP IFYING CAUSES ES []	
Y SICIA! ohysician s certifica	lal-transit plental Hygi	9		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	"	OF INJURY M. MONTH (M.	DAY YEAR	21c HOW I	NJURY OCCURE	RED JENTER NATURE OF INJ	URY IN ITEM 18.	PART 1 OR PART 2)	
DING PH ttending p	th and Me		MEDICAL	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WO	HLE 🗍	21e. PLACE I AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	21f LOCAT STREE	ЮИ	CITY OR TO	NWC	COUNTY	STATE
ATTENI pital or al	to f Healt			220.1 certify that (1) sow the decease above, (1) (we) (d	d olive on		19		nd that in (my	19 /) (our) opinion (, to death occurred on the	date and ha	ur and from the	
TAL OF y the hos RAL DIF	State Oep			226 SIGNATURE	2	No	3 W	u (DEGREE		DIRECTOR PHYS		P. DATE	2 fe
O HOSPIT tained by O FUNER	with the State	1		CHARLES J					27e ADDRE	GLEN BU	KWOOD ROAD IRNIE, MARY		TE 204 21061	
BP	S 3 =		_	SURIAL, CREMATION, I SPECIFY) Buri		Aug 5				Cemet		Bur		STATE MC
DHMH (VRA 1				ingleton	Fune	ral H	ome, G1	en Bu	rnie,		G 6 1980	R 25h RE	Ly he	Trioly

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDDLE

CERTIFICATE OF DEATH

REG. NO.

MONTH

26. HOUR

2ª DATE OF DEATH

- C T - C - C - Andrew Lade to large employees THE RESERVE AND ADDRESS OF THE PERSON OF THE The second Control of the contro

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1				STATE OF MARYLAND					-
		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG.		9 4	Ü	5
1.		EASED NAME OR PRINT) OF PRINT)	tine M	KOHL	20. DATE OF DEATH	R 30	3 80	26. HOL	JR 357
3.	. SEX	Female	Caucasian	5. DATE OF BIRTH	6 AGE (IN YEARS LAST	PRTHDAY) IF	UNDER I YEAR	IF UNDER	R 24 HRS
172		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY!	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY AWNE 1	OR COUNTY OF			M
10		NAPOLIS	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE A.A. GEN.	AG HOME OR OTHER INSTITUTION ADDRESS)	(TYPE OF WORK FOR MOS	OF WORKING LIFE)		ME	
21	13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e. STREET ADDRESS		. RO		
16 (Second		THER'S NAME FIRST JOSEPH	MIDDLE REBHS	15 MOTHER'S MAIDEN NA	MIDDLE	7	icke.	ST	
medicol	6a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		ADD	# 13			
			nly one cause per line for (g), (b), ar				APPROX BETWEEN	MATE INTE	RVAL DEATH
and the second of the second o		1749	DUE TO, OR AS A CONSEQU	ENCE OF					
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQU	ENCE OF					
×	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CO	ndition given	N IN PART 1	01	
2	CERTIFICATION	9a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NO	20b. IF YES, YIN CERTIFY!	WERE FINDING CAUSES	NGS USE OF DEA	TH?
		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	T OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR	l « O	COUNTY		STATE
Z I is morked		sow the deceased olive an	ottal) ottended the deceased fram.	, 19, and that in (my) (***) opinion	, ta 8/30 death occurred on the	date and haur o		that (I) (
E He		276 SIGNATURE	dins In	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN 🗌	121 BATE	SIGNED	0
)		Stanly P.	Watkins	121 Cathe	edral 1	Anna	colis	5 /	ni
2	13	JRIAL, CREMATION, REMOVAL PECIFY) PEMATION	0 0 0 0	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	. 0:	COUNTY	N	STATE
		NERAL DIRECTOR NAME OF CONT. Sar.			TE REC'D. BY REGISTRA		R'S SIGNAT	URE	



a. U V S S S WHEN MARKET SHOW - ARREST

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

3	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENT CATE OF DEAT		E 8 0	1	9 4	0 6 D.S.T.
		OR PRINT)	MST LLIE	R			JEGER		DATE OF DEATH	MONTH DAY		26. HOUR 6:40PM
	3 SE	Female		White		S DATE O		901	AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
33	C	RTHPLACE (STATE OR FORE) Vinginia		U.S.A		WIDOWE	- Marie	CED	ANNE ARU	NDEL_	COUNTY	
in by the filed with	G	LEN BURNIE	N	ORTH A	RUNDEL	HOS	PITAL		USUAL OCCUPATE YPE OF WORK FOR MOST D EGISTERED		IZE KIND O INDUSTRY	ing
should be f	13g/	anyland t	county nne A	, D3	Pasade	4			STREET ADDRESS 7726 West	Shore	Rd.	21122
nd 2		Benjamin	Hann	y	Robinso		Luc		Leland		Georg	ige
ian and co Pages 1 a		VAS DECEASED EVER IN YES, NO ORUNKNOWN) (II	U.S. ARMED		SOCIAL SECUI 217-20-3		Emil F.	Kruege	addre Sam	e as #i	-	MATE INTERVAL ONSET AND DEATH
nn signed by the attending in the please remove carbon in to burial, gremation, or remove injury, or other traumat	NO	Canditians, if any, we gave rise to immediate cause (a), stating	liate the last.	DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUE	NCE OF	NOT RELATED TO T	THE TERMINA	IL DISEASE OR CONI	DITION GIVEN	IN PART 1(c	31
ate has be permit. I giene prio 8 shows a	CERTIFICATION	190 DATE OF OPERATIO	N	1% CONDITIO	ON FOR WHICH	OPERATIO	WAS PERFORME		200 AUTOPSY?		WERE FINDIN NG CAUSES	
physician. is certifical ial-transit lental Hygi or Item 18		210, ACCIDENT WAS UNDERLO OF CONTRIBUTING CAU	SE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH DA	Y YEAR	21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	IY IN ITEM 18, PAR	I OR PART 2)	
After this the buring the buring the marked of marked of the buring the burin	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
ECTOR: for use a for Heal		22a I certify that (I) (the saw the deceased above, (I) (we) (did)	alive an	813	19 9	2 . 00	. 11	opinion dea	, tath occurred an the do	, 19 ate and haur o	and from the	that (I) (we) last causes stated
retained by the host should be detached with the State Dept IMPORTANT: If it		22d. PHYSICIAN'S NAMI ROBERT B		•	(, M.D.	e f	220 ADDRESS 2	ICIAAL OD				BLVD.
BP	23a. (BURIAL, CREMATION, REP SPECIFY) Burial	MOVAL 2	8-7-19		AME OF C	METERY OR CREM	tery	Brooklyn	(/1/ // //	ne Aru	ndel Md.
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director was Cully F.H.	Mtn. &	Tick N	eck Rds.	Paso	21122 dena.Md.	UG 6	1980		R'S SCHOOL	

nove to see the see that the se The second of th ALTERNATION OF THE STATE OF THE le les enn surriges militaires questiones 12 de 19 The sold of the state of the st TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dires should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hour

should be detached for use as the buriol-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, ar removal.

must be notified of

medicol

injury, ar other traumatic event, the

death. Page 4 may be

after

executed within 24 hour

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	100	REGISTRAR	CERTIFI	CALE OF DEATH	REG. NO).		
		EASED NAME FIRST	WIDDLE	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR 5
		12 ann	D NY	e.	f	1-12	20	54-PM
	3. SEX	11.	RACE S. DATE O		& AGE (IN YEARS LAST BIRTH	MONTHS		HOURS MIN
		111910	-ducasion 3	- 24-1916	64	YRS.		
	7a. Big	THPLACE STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OF	/ .	EATH	_
1	10 CI	Y OR TOWN OF DEATH 111	NAME OF HOSPITAL, NURSING HOME O		12s. USUAL QCCUPATIO	COUY	1 1	MD.
1	-	ownswille -	JIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!	Drive	120. USUAL OCCUPATION OF OF YORK ION OF O			business or higher
-	USUA 130 S	L RESIDENCE (IF NURSING HOME OR OT TATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN CHASEL GROWNSOILE	134 INSIDE CITY LIMITS?	309 South	Rivers	ide 1	DR.
	I4 FA	THER'S NAME FIRST MID	DIE JAST ,	15. MOTHER'S MAIDEN NAM		W 61	tast	
	1	-RANK [). Kylesk	Nellie			HA	16
		AS DECEASED EVER IN U.S. ARME IS, NO OR UNKNOWN) (IF YES, GIVE W.		Lucy E. K	V/e Saye A	s # 13	3	
			one cause per line fai (a), (b), and (c).)	1+1	1		APPROXIMA BETWEEN ON	SET AND DEATH
		PART I. DEATH WAS CAUSED &	1 4 6 7 7 7	ry hro	mossis			
		2500 Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	s Mell	itus	2	304	ion
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF					
	_ 1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN	PART lia	
	ě							
	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WER IN CERTIFYING YES [CAUSES O	S USED F DEATH? NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 O	R PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOW	ч со	YTAUC	STATE
		220.1 certify that (1) (this haspital) attended the deceased from	, 19	to	. 19	, the	at (I) (we) last
		saw the deceased alive an abaye, (1) (we) (did) (did nat) v	riew the body after death.	d that in (my) (aur) apinian d	leath accurred on the da	te and haur and t	fram the ca	uses stated
		terrae /	Lyeoger MF	ATTENDING PHYSICIAN	MEDICAL STAF	F /	PIZZI	GNED CO
		THY PHYSICIAN'S NAME ITHE ORPE	pen A /	22e ADDRESS	. /	1	1 1/1	1

MPORTANT: If Item 21 is marked or Item 18 shaws any

FOR STATE

DHMH-16 60M 1/73 (VR A 15 (4))

236. BURIAL, CREMATION, REMOVAL (SPECIEV)

AURIAL

24. FUNERAL DIRECTOR
NAME

Beall Funerac Home 16,000 Annapolis

23b. DATE

-15-80

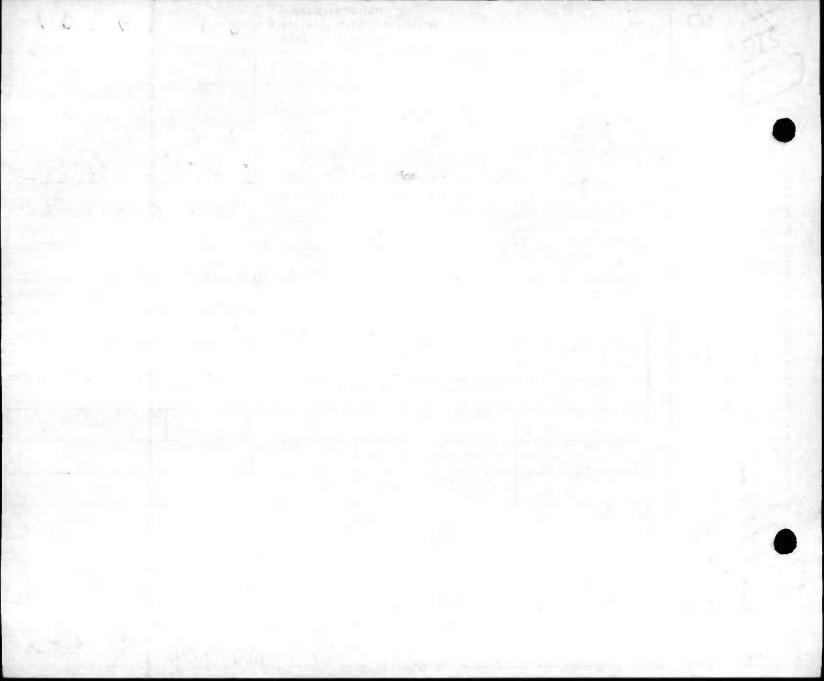
Veteraus Cemetery CR

236 LOCATION consul

STATE

2 1980

BY REGISTRAR 256. REGISTAR'S SIGNATURE

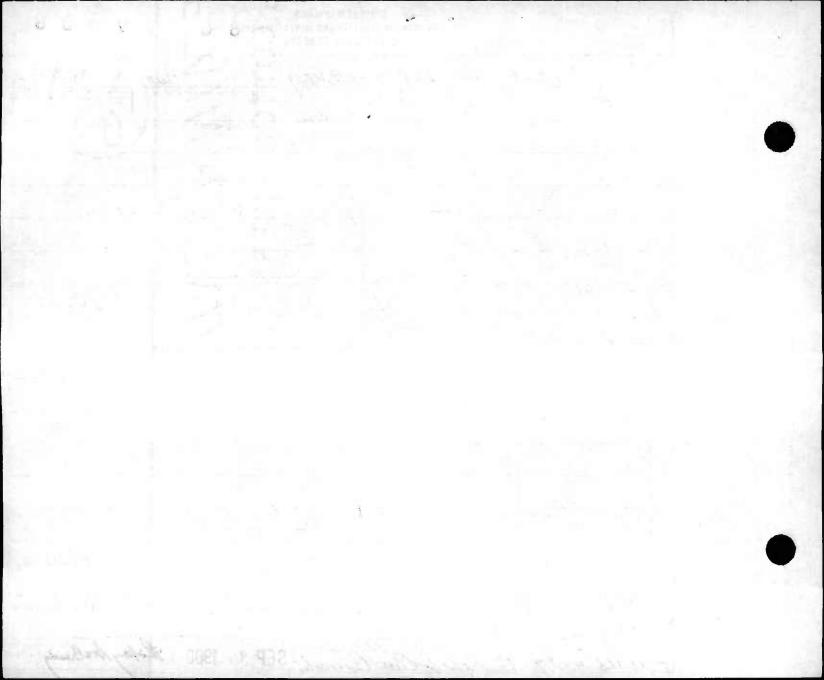


TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

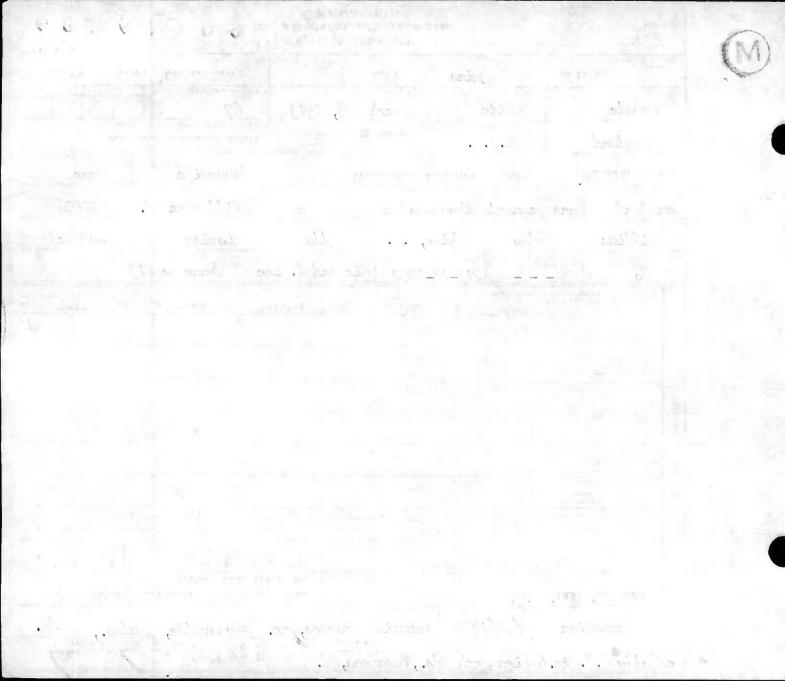
BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the tuner should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	PIENE 8 O	1 9 4	0 8
	1. DE	CEASED NAME FIRST	BEL Lin	ton LEI	4T/+B	ERBKRY	20 DATE OF DEATH	Aug. 29 &	3: 40 PM
1	3 SE:	F	4 RACE	V	5 DATE C		6. AGE (IN YEARS LAST BIR	YRS IF UNDER 1 YE	
15 S	Sh	IRTHPLACE ISTATE OR FOREIGN OUNTRY) ady Side, Md	USA	what country?	WIDOWE		AA Co	OR COUNTY OF DEATH	MD.
53	Anı	napolis	AA Ger	neral	ADDRESS)	DR OTHER INSTITUTION	Tign USUAL OCCUPAT Type of work for most of housewife		O OF BUSINESS OR
35	13a S		OR OTHER INSTITUTION OF A CO	Deale	ADMISSION)	13d INSIDE CITY LIMITS? YES NO L	_	Circle Rd.	
examine 2	Ec	ather's NAME dgar	MIDDLE Lin			NOTHER'S MAIDEN NAME OF Sally	MIDDLE	Chaney	LAST
the medical	16a V	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	213 48 2		Mabel Benez	e,Deale,Md	ESS	
injury, ar ather traumatic ever	NOI	Conditions, if any, which gave rise to immediate cause ial, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	UNAL DISEASE OR CON	NDITION GIVEN IN PART	1(0)
ony	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
18 st 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	PFINJURY M. MONTH D, M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2)
arked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
, 21 is mo		220.1 certify that (1) (this list saw the deceased alive above, (1) (we) (did) (did	9/200		X/1	nd that in (my) (aur.) apinion	death accurred on the d	date and hour and from the	_, that (I) (we) last he causes stated
		22b. SIGNATURE	1 Obel	lun		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF S	129/82
MPORTANT: If Item 21 is marked ar Item 18 shaws		22d. PHYSICIAN'S NAME (TY	currel				20N UL	an Stream	A PMK
2	J	Kollina CREMOV	23b. DATE 9-1-8		name of c naker	EMETERY OR CREMATORY	Calesvil		STATE
5	24 FU	uneral director	#. 12 /	Redailer	Eve.	Baragel SEF	e rec'd. By registrar 1980	STRAN'S SILV	Greaty

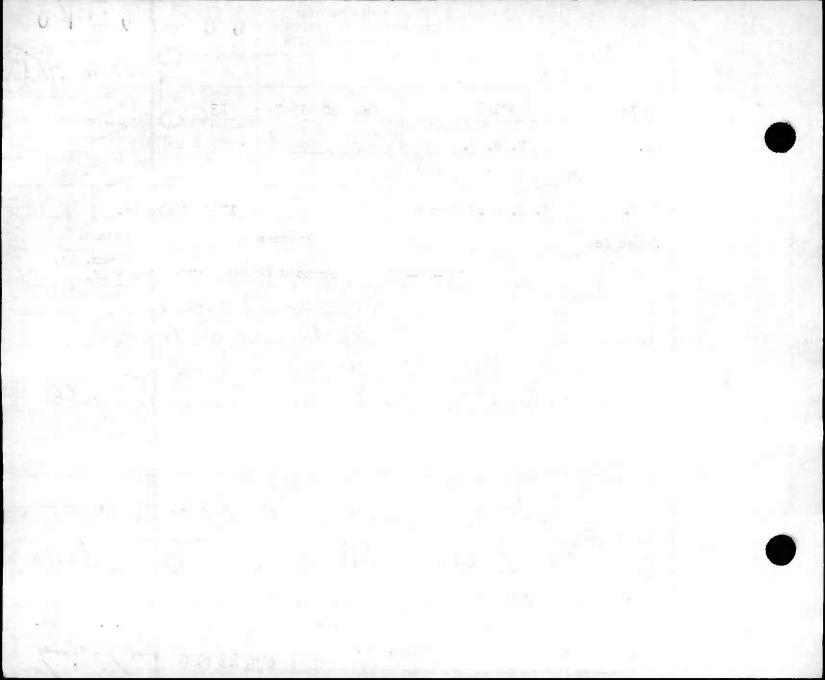


4 3			STATE OF MARYLAND							
*	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 4 0							
		REGISTRAR	MIDDLE	REG. NO.						
/		CEASED NAME FIRST OR PRINT) ET OTCE	Ewins	TEE	51		20. 198		1 · 45A	
Dest.	2.65	ELOISE	4 RACE	LEE 5 DATE OF	BIDTH	AUGUST	HO STATE	UNDER I YEAR	IF UNDER 24 HRS	
108	3 SE	Female	White	March	DAY YEAR	67		NTHS DAYS	HOURS MIN	
T O	7r. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
1955		Maryland	U.J.A. WIDOWED DIVORCED			ANNE ARUNDEL COUNTY				
25 4-		LEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) NORTH ARTINDEL HOSPITAL			170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 10 USEWLE TOME				
35	130 5	STATE, JAB COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN Arundel Libson J	N, A	134 INSIDE CITY LIMITS?	13. STREET ADDRESS.	en Rd.	21	056	
E a		ATHER'S NAME			15. MOTHER'S MAIDEN NAM	AE .		651		
220		William K	relso White,	M.D.	Ella	Louise		Wood	lward	
the mark		VAS DECEASED EVER IN U.S. AR		IRITY NO.	Richard H. Le	ee Same	as #13			
event,		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and			0 /		BETWEEN	MATE INTERVAL DISET AND DEATH	
emo itic e		PART). DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Metactatz Carcinoma of her						+ years		
In the second		174-9 DUE TO, OR AS A CONSEQUENCE OF								
er tra		Canditians, if any, which	V							
or other		gave rise to immediate cause (a), stating the underlying cause last.								
n please b burial injury,	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
s any	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS			IGS USED	
woys 2	FIG			YES T NON	OF DEATH?					
18 5	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	YES NO YES NO REPORT NO REPORT 1 OR PART 2)						
Item		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR						
o p	MEDICAL	21d. INJURY OCCURRED	ZIR PLACE OF INJURY		21f LOCATION			COUNTY		
Jarke	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOV	7N	COUNTY	STATE	
is		22a.1 certify that (1) (this hasp	ital) attended the deceased fram	8-2	19_80	10 8-20	. 19	83	that (I) (we) last	
E 2		saw the deceased alive ar	at) view the bady after death.	SV, and	d that in (my) (aur) apınian d	death accurred an the de	ate and havr a	ind from the	causes stated	
f Ite		226. SIGNATURE DEGREE 220. DATE SIGNED								
-:-		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8-20-8								
¥ I		224 PHYSICIAN'S NAME (TYPE OR PRINT) 120 ADDRESS 95 AQUAHART ROAD								
IMPORTANT		SANG C. DOH, M.D. GLEN BURNIE, MARYLAND						21061		
3 =		BURIAL, CREMATION, REMOVAL	0/ / 0 / 0		METERY OR CREMATORY	LIA LOCATION CITY OR TOWN		YTMUC	SMIL	
_		Cremation	8/21/1980 Se	ecurit	y Process, Inc.		le Ba	lto.	1110.	
6 25M	24 F	UNERAL DIRECTOR	O T. I AI ADDRESS	0 2	21122 A 250. DATE	IG 22 1980	TELEPER	5390	ready	
4) 1/79	TIC	ully roll offith.	& Tick Neck Rds.	rasac	iena, ilia.	7000	-	1		



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5	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO. D.S.T								
		CEASED NAME FIRST OR PRINT)		T. LEE				20 DATE OF DEATH MONTH DAY YEAR 25. HOUR 2:00A				
1	3 SEX		4 RACE	1.	S. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
5	1	Male	Black		MONTH fe	b 20°	1957	23	YE	MONTHS DAYS	HOURS MIN	
of once.	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MA	ARRIED X		CITY OR COU	NTY OF DEATH	MD	
	10 CI	LEN BURNIE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL		HOSPITAL			12a USUAL OCCUPATION 12b. KIND OF BUSINESS OF (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
suconid be		AL RESIDENCE (IF NURSING HOLTATE	E OR OTHER INSTITUTION, DUNTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Severn	e admission) 'N		NO 🗌	13e STREET AD 1765	DRESS Circle	Rd.		
and 20		THER'S NAME PIRST ames Lee	WIDDLE	LAST		15. MOTHER'S	maiden nan rances		MIDDLE	Henson	т	
emovol.		VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, Yes	ARMED FORCES? GIVE WAR OR DATES)	216-68-6		17 INFORMAN	rces He	nson	address 1 765 Či :	Severn, rcle Rd.	Md •	
ermit: Then please remove corp e prior to burnal, cremation, or is any injury, or other troumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (al., stating the underlying cause last. PART 2 OTHER SIGNIFICATE CONTRACTOR	DUE TO, O	12 2° 9	ENCE OF DEATH BUT	NOI RELATED Y	cute	- 0.80-	eap 12	GIVEN ID ART THE	NGS USED	
ar Item 18 shows	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m. month d, m.	AY YEAR			1.00	O INJURY IN ITEM	YES	ио 🗍	
of Health and A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has saw the doceased alive	ospital) attended the	e deceased fram	8/	d that in (my) (a	10 80	_ 10 8	nty or town	LOUNTY 19 80 , hour and from the	state that (I) (we) lost	
MPORTANT: If Item 2		above, (]) [we vdid] (dis 22b. SIGNATUR	elon	M.	1	KIJI PI	TENDING HYSICIAN [X	MEDICAL DIRECTOR	STAFF PHYSICIAN	11. DA	22/fo	
with the St IMPORTAN			TRAN, M.I).		GLEN F	AKWOOI BURNIE	MARYLA	ND 2106	1		
	23a. B	Burial Burial				Cemeter OR CE		CTYSY	on hill	AOUNT.	Ma ·	
w 1/76 ())		NERAL DIRECTOR SONS	Mortuary	Annæpsli	is, Md	•		G 22 1	380	try Ma	Bring	



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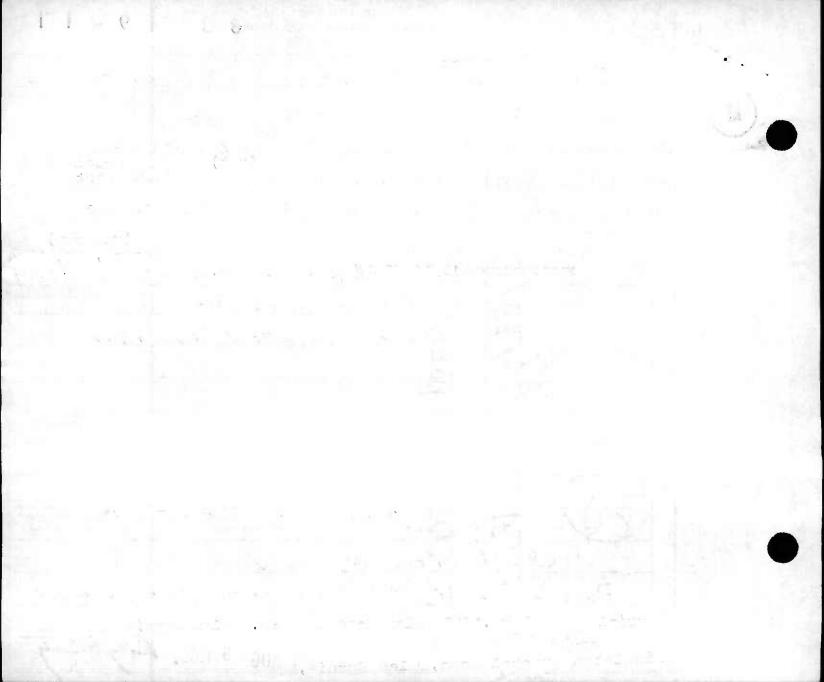
tO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afti

retained by the hospital or attending physician.

BP. DHMH · 16 50M 1/76 (VR A 15 (4))

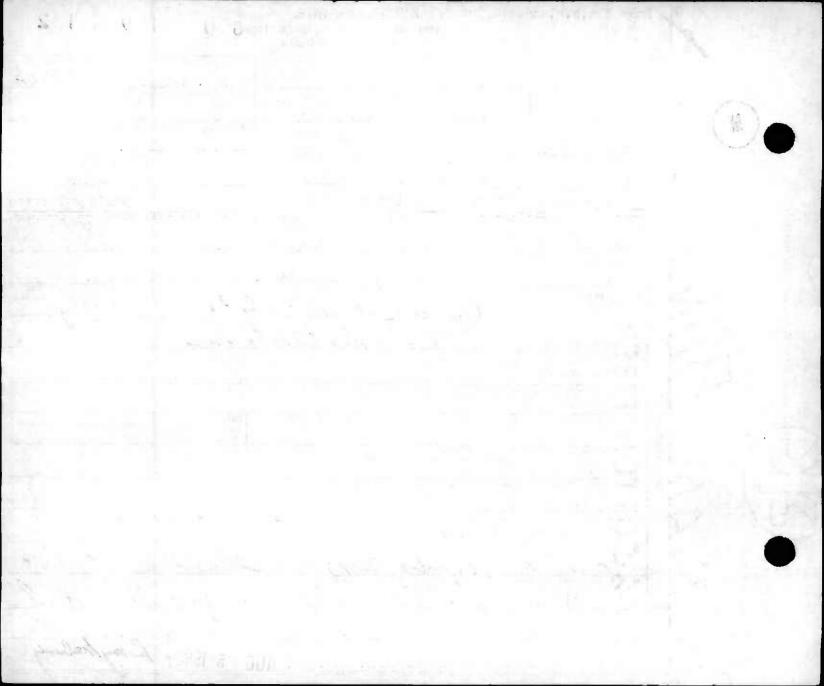
10	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	rgiene 8 U	19411
	1. DE	CEASED NAME FIRST	Robert	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	(TYPI	ORPRINT) TOL MI	Robert	ipicht	G	041 80 4130
	3 SE	30h W	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER 24 HRS
	0.01	to a la	10.00	MONTH DAY YEAR	171	MONTHS DAYS HOURS MIN.
	70 B	IRTHPLACE ISTATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	7-10-04	O PALITAMORE CITY	OR COUNTY OF DEATH
OF		OUNTRY)	A C In	MARRIED NEVER MARRIED		7 2 1
10	130	ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED	HNNE	HRundel MO
90	C	ROF +ON	(IF NOT IN SUCH FACILITY GIVE STREET			ION 12 Kent Kent
35	13 ₀	AL RESIDENCE (IF NURSING HOME OF		VN I INSIDE CITY LIMITS?	Quarte:	fie l d Road
omine.	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
120	1	Edmond	Leigh	L EVA	MIDDLE	(unknown)
-	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17. INFORMANT	ADDR	ESSSevern. MD 2114
n relation	(YES NOR UNKNOWN) (IF YES GIV	XXXXXXXXXXX212/10	/5741 Mrs. Eli	nor M. Sci	riba (daughter)
c event, r			nly one couse per line for (0), (b), or D BY: TE CAUSE (0)	rdruRespinoto	y Arrest	"AF ROXIMATE INTERVAL SELMEN ONSEL AND DEATH
00000		Conditions, if ony, which	DUE TO, OR AS A CONSCOU	ENCE OF Dement	19, Alzheim	ers dissure
other tr		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU		,	
yury, or	Z	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
Z C C C C C C C C C C C C C C C C C C C	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
21 is me		220.1 certify that (I) (this haspi	tol) ottended the deceosed from	and that in (my) (our) opinio	n deoth occurred on the d	7 , 1950 , that (I) (we) lost ote and hour and from the couses stated
AN: # #en	in in	27k SIGNATURE	25 Phole	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	DE DATE SIGNED
MPORTA		Paul S	Rhodes		ofter Ca	Le Cyton Mx
	L '	BUTIAL	7Aug.1980 G:	name of Cemetery or Crematory Len Haven Mem P	k. Glen E	
		ingleton Fur	ADDRESS	250. D	ATERECID. BY REGISTRAR	25b. RES TRAPES SIGNATURE

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	102
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	212
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	SN
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g!		tem 13a,b,c,an FOR STATE REGISTRAR	d e G 546 8/26/8 DEPARTI	GRATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		9412
		CEASED NAME FIRST	MIDDLE	LASĮ	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	OR PRINT)	ncis W. Lombard		Aug. 1,1980	7:001
	3. SE		1. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
		male	white	Oct. 9, 1899	80 YRS	MONTHS DAYS HOURS MIT
10		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
00		Peabody Mass.	USA	WIDOWED DIVORCED	Anne Arundel Co	
00		TY OR TOWN OF DEATH Harwood	(IF NOT IN SUCH FACILITY, GIVE STREET 414 Lankford Rd	. All Seasons	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS INDUSTRY OWNER
35		Ma.	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY UNION 131 CITY OR TOW Harwoo		13e STREET ADDRESS 074 0 414 Lankford F	verlook Terra
見りん	14 FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N. FIRST	WIDDLE	07083
610	_	Jeremiah	Lomba		Ellen	Doran
/ medico	16a V	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECU "E WAR OR DATES)		ADDRESS Lombard såme as	13e.
other troumotic event, t			DUE TO, OR AS A CONSEQUE	netare	tale	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	20a AUTOPSÝ? 20b. IF YES	S, WERE FINDINGS USED
shows	TIFIC					YING CAUSES OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	Ain .	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	j	sow the deceased alive or above, (1) (we) (did) (did no	of the deceased from 19 (a) view the body after death.	OF .	n death occurred on the date and hou	
VT: If Item	K	22b. SIGNATURE CALL V 22d. Physician's NAME (Type of the control	2 Shuply	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
5		A CONTRACTOR OF THE CONTRACTOR	4111616	V an	ramole	1 7/1
MPORTAN		F/V	77// 6-/-	7		The state of the s
IMPORTANT; I	23a. 6	BURIAL, CREMATION, REMOVAL	Διισ 4 1980	NAME OF CEMETERY OR CREMATORY	CITORTOWN	COUNTY STATE
IMPORTAN	24 FI	Buria JNERAL DIRECTOR	Διισ 4 1980	Hollywood Cemeter	77	



requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical exami

must be natified of once.

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8 0

19413

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	CEASED NAME	FIRST MIDDLE	DA ALL ALO	2a DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
	t	mory 3	MALLONRE	0 0	, 0 /0 . cm		
3. SE)	MALE	WHITE	5 DATE OF BIRTH MONTH DAY YEAR 3 3,0 67	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	MONTHS DAYS HOURS MIN.		
	RTHPLACE (STATE OR FOR	EIGN TO CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH		
	MD.	USH	WIDOWED DIVORCED		UNDEL MD.		
A	NW Apohi	IF NOT IN SUCH FACILITY GIVE	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS!	THE OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12h KIND OF BUSINESS OR INDISTRY		
USU/ 13a. S	AL RESIDENCE (IF NURSING TATE)	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE 136. COONTY 136. LITY OR	ADOMS YES NO S	130. SIREET ADDRESS RIVE	ROAD		
HF	Ku fus	MIDDLE MALIA	DUEE HUNA	MARY	BURGER		
		N U.S. ARMED FORCES? 166. SOCIAL (IF YES, GIVE WAR OR DATES)	SECURITY NO. LINFORMANT BE	ZOWN MALLON	JEE # 13		
	PART I. DE ATH WA		Los Kake Carcino	ma of Rocker	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	1541	DUE TO, OR AS A CONS	1000				
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF						
		(c)	TO DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OF CONDITION CO	VEN IN PART 1/a1		
Z	PART 2. OTHER SIGNI	FICANT CONDITIONS CONTRIBUTING	STO DEATH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION OF	VEIN IN PART TO		
CERTIFICATION	190. DATE OF OPERATE	ON 196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)		
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2]		
MEDICAL	21d. IN JURY OCCURRE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f. LOCATION	CITY OR TOWN	COUNTY STATE		
	AT WORK AT WORK	this haspital) attended the deceased fi	rom 8/20/79 19	to 8/29	19_80, that (I) (we) last		
	saw the deceased			death accurred on the date and ha			
	22h SIGNATURE	Mald Histor	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/28/80		
	DOWALD	AE (TYPE OR PRINT)	SEVERWA	PARK M) .		
230	BURIAL, CREMATION, RI	BOVAL THE DATE 180	236 NAME OF CEMETERY OR CREMATORY	234 OCATION CITY OR TOWN	AA M		
9	M. H.	Son annig	sod, ml. 250. DA	REDOVAY RECOMMENDED 256. REGIS	they the bredy		

DHMH - 16 25M (VR A 15 (4)) 9/74

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executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

offending physicion.

etained by the hospital or

Funeral Home

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hr with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

IMPORTAIT: If them 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical examiner must be rotified at agree.

	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND TEALTH AND MENTAL HYO TCATE OF DEATH	GIENE 8 0	194	14
		CEASED NAME FIRST OR PRINT) EDNA	MIDOLE 34		NANGUM		8 - 3 - 80	9 45/PM
	3 SEX	F	4 RACE W	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
7	W	RTHPLACE STATE OR FOREIGN. DUNTRY) ash., D. C.	76 CITIZEN OF WH , COUNTI	MARRIE		Anne Ar		MD.
3	Aı	nnapolis	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Anne Arunde	REET A DORESS) 1 Hosp		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewif	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
5	13a. S M (d. Anne	VTY 13c CITY OR T		13d INSIDE CITY LIMITS? YES NO		ker Drive	
7		William V	Miodle LAST		15 MOTHER'S MAIDEN NA FIRST May	WIDOLE	?	ST
		VAS DECEASED EVER IN U.S. AR les, no or unknown) (IF yes, Givi NO	E WAR OR DATES)		Agnes L. S		me as Abov iece	ZIMATE INTERVAL
	z	0 1 / 1	DUE TO, OR AS A CONSE	QUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART 1	la ¹
7	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH			N WAS PERFORMED	20a AUTOPSŸ?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
	MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		STATE
		sow the deceosed ofive on abave, (I) (we) (did) (d id no	ital) attended the deceased fro	, 00	nd that in (my) (our) opinion	death occurred on the do	ate and hour and from the	
		226. SAO NATURE 226. PHYSICIAN'S NAME LLYPE O	Holl	5	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIAND 8-F	SIGNED ,
	J-	ERROL-A-	-Chillipa	20	134 Om	es olle	1 W3 3 2	5881.
	(5	URIAL, CREMATION, REMOVAL PRECIETY Burial	8-6-80	Ft. Li	ncoln Cem	23d. LOCATION CITYOR TOWN Brentwoo	COUNTY	STATE

Suitland,

Rd.

AUS11 200 ---

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

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	1 - S
(1)	1. DECE.

STATE OF MARYLAND

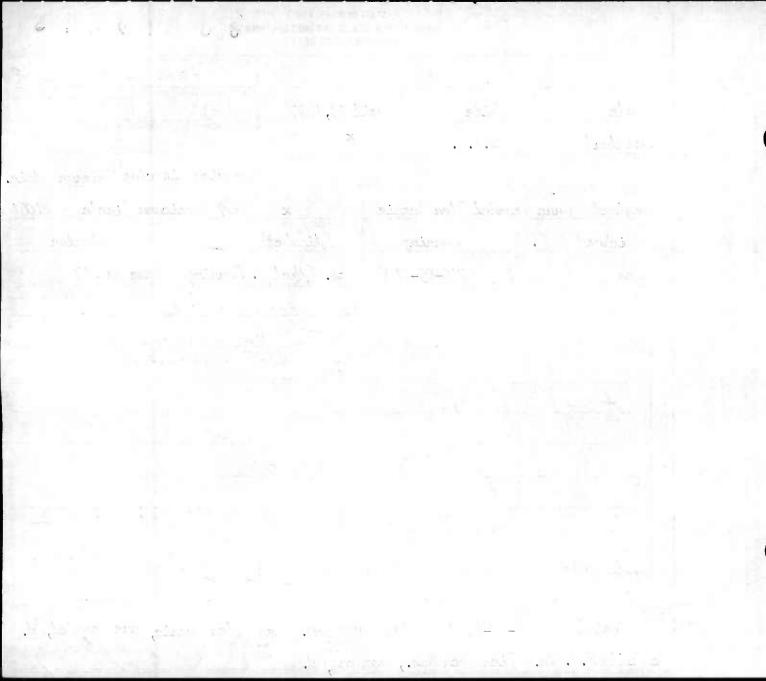
0	1	9	4	1	
REG. N	0.				
OF DEATH	MONTH	DAY	YEAR	2h 1	Н

3. 3.	1. DECEASED NAME FIRST RICH 3. SEX Male 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	HARD C. MANNING A RACE White	LAST 5 DATE OF BIRTH		6,1980 6 203
35"	Male 70. BIRTHPLACE STATE OR FOREIGN		5 DATE OF BIRTH		
35		110000	April 13,1897	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
54 10	Manuland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT ANNE ARUNDEL	
	OLEN BURNIE		WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	12a USUAL OCCUPATION (TPE OF WORK FOR MOD) OF WORKING L	126 KIND OF BUSINESS
37	Maryland Inne	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 131 CITY OR JOW Arundel Glen Bur	n 13d INSIDE CITY LIMITS	7869 Americana	Cincle 210
20	14 FATHER'S NAME Richard (Manning		th	Stanton
e medico	160 WAS DECEASED EVER IN U.S. AI	E WAR OR DATES		P. Manning Same	2 as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA:
njury, or other t		DUE TO, OR AS A CONSEOU		Cane inong - I versus Reg	
ws ony inju	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\cap \) NO \(\cap \)
	OR CONTRIBUTING CAUSE OF DE) P.M.	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18.	
rkedor	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is ma		ital) attended the deceased from 19 19 view the body after death.	ond that in (my) (our) opin	ion death occurred on the date and ha	ur and from the causes stated
VT. If Item	Denjamir	de Guzn	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8 6 80
MPORTANI	BENJAMIN A. C	e GUZMAN, M.D.		Hospital Drive n Burnie, Maryland	, 21061
≥ 23	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATO Len Haven Men. Pa	- CITY OF TOWN	pre Arundel Mo

DHMH - 16 50M 1/76 (VR A 15 (4))

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etoined by the hospital or attending physician.



DHMH - 17 (VR A15 ME (5)) 15M 7/76

-		FOR STATE			STA DEPARTMENT OF		ARYLAND AND MENTAL	HYGIENE	0		9	4	1	6
	F	REGISTRAR		ME	DICAL EXAMIN	NER'S			KE	G. NO.	- 87			a Children
		CEASED NAMI		ond R	Matthews,	Jr.	LAST		DATE KNOW OF ESTI- DEATH MATE			.6 ₁₉	YEAR 80	26 HOUR
	3. SEX	ale	4. RACE black	1 25	YEAR 6. AGE (IN YE LAST BIRTHE 30 Y				DATE DNOUNCED DEAD	8	16	DAY 19	YÉAR 80	2d. HOUR 2:31A
2	FOR	RTHPLACE (S REIGN COUNTRY) RYLAND	TATE OR	76 CITIZEN OF WI	HAT COUNTRY?	8. MARR WIDOW	IED NEVER MARI	RIED ALA	Anne Ar	-				MD.
		ry or town napolis		CIENOT IN SUCH EA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) undel Gener			FOR MOS	OCCUPATION TOF WORKING LIF	E)	WORK 1	, OR IN	OF BU	SINESS
)	13a, ST		(IF IN NURSING HOME	NTY	VE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN ANNAPOLIS	ion)	13d. INSIDE CITY LIMITS? YES XX NO	13e. STREET			9			
1	14. FA	THER'S NAME ORMON		MIDDLE	MATTHEW:	S, Sr	15. MOTHER'S MAID		MIDDLE		- Pet	UKES	ST	
	16a. W	AS DECEASE S. NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	215-50-850	TY NO.	ORMOND MA	TTHEWS		214	nna	poli	s.	Md. ve
	7	Canditia gave ri cause (a lying cau	IMMEDIA ns, if any, which se to immediate) stoting the under use lost.	D BY: Mu TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	far (a), (b), and (c).) 1tiple inju AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED 10 THE TER	OF OF		PART 1 (o).						INTERVAL AND DEATH
	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	/AS PERFORMED?					23112	TOPSY?	NO 🗆
	MEDICAL CERT	UNDERLYING CONTRIBUTI 21d, INJURY C	NG CAUSE OF	DEATH 1:30xx	N. MONTH DAY YEAR 18/16 1981 TO THE TOTAL TO THE TOTAL	0 dri	OW INJURY OCCURR Ver of mot CATION STREET	torcyc1	e in co	011i	sion	Wit	h a	uto.
		22a. I certi death result ACTUAL SIGNATURE, EXAMINER'S	ify that I taak char ed fram:		scribed abave, held an	Autap uicide	Homicide I	Undeterm	Inquiry , , , , , , , , , , , , , , , , , , ,	ond ir	DATE	8/:	16/8	30
	()	TYPE OR PRI JRIAL CREMA PECEY) BURIAL JNERAL DIREC	TION,REMOVAL		0 HILL CH	EMETERY C	CEMETERY	23d. LÓCA CHY OR I		-A.	CONN.	TY		ATE
		NAME		ADDRESS	Annapolis	s, rid	0.116			8.4	. 4	mR.		

WILLIAM REESE & SONS MORTUARY, P.A.

AUG 1 9 1980

grand Scheme combile LUBAL VILLE CONTROL OF THE CONTROL O . al opaco. who are at a second to the sec STRANGE - LINE - THOMAS AND THE TWO MALE OFFICE AND ALL AND AL A CONTRACTOR OF THE RESIDENCE OF THE STATE O

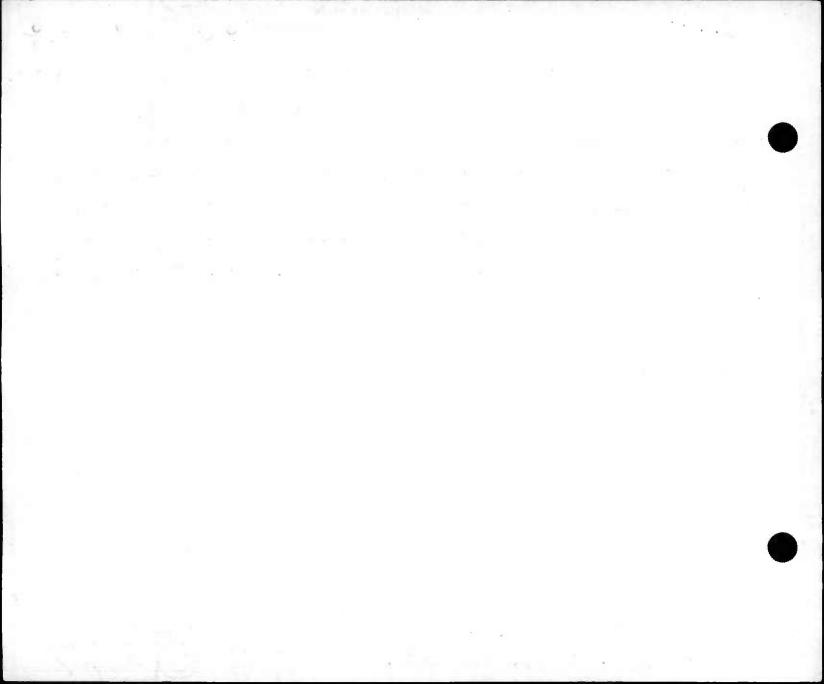
		1	Ttome 21s	_ 21 f 8, 22a	STATE OF MARYLAND	0 0 1	0 4 1 7
3		1.	FOR ITEMS 21a. STATE FILM#G548	10-8-80 DEPARTA	STATE OF MARTLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		7 4 1 1
•	The letter	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
	be 3	(TYPE	ORPRINT) Tustin	ALAN	Maxie	8 1	9 80 72 M
	N. Marie	3 SE	X 4 R	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		1	nale ,	white	MONTH JAY YEAR 80	YRS	3 27 HOURS MIN.
	2 VIX 10		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
	The state of		USA	USH	WIDOWED DIVORCED	Anne Arundel	1.15.
100	by the filled with	A	magalis /	(IF NOT IN SUCH FACILITY, GIVE STREET,	GHOME OR OTHER INSTITUTION ADDRESS! GEN HOSE	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
0.212	hou is the	USU 13a	AL RESIDENCE IN MURSONS HOME OF OTH STATE NIP COUNTY	HE INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	2 1
ANG	in 24 lilleo havid		MO I ATA	Annap	YES NO	15 Cypress	Road
ARYI	with with d 2 s	-	ATHER'S NAME	heffey	15 MOTHER'S MAIDEN NA	WE	Maxie
E, R	comp comp	-	wrence Walter Si		RITY NO. 17. INFORMANT	ADDRESS	Maxie
DIVISION OF VITÂL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	on ond Poges	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	rordates) none		axie same as 13	
BALI	ysicio ppers vol.		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B'	ne couse per line factor, (b), one	Heck	M 1-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	ertification of physical physi		9 / IMMEDIATE C		ation. c Sul	rtocalion -	<1500:-
NO	deoth ce ottendin nove carb otian, ar troumatic	1 >	HI	DUE TO, OR AS A) CONSEQUE	1 1 1 1 1 1	-Lation & serzu	rx Kinth
RES			Canditians, if ony, which gave rise to immediate	(b) Dever	e Menial Felan	Marior Correct	BITTIT
×	s that the ed by the sleose rer riol, crem ar ather		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
201	ined I pleo buriol y, pr		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
RDS	equires an signe Then p in to but	NO					
ECC	law r	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED 'IFYING CAUSES OF DEATH?
rÀL	N. The hysician. Its const po Hygiens Hygiens	E E		21b. TIME OF INJURY	Tata HOW BUILDY OCCUP		res NO
Ĭ.			210. ACCIDENT WAS UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
O Z	HYSICIA nding p ns certif burial-t I Mental ar Item	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 8 1	9 150 In crib.		
VISIO	offen the street of the condition of the	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		Rd. Annap.	A.A. Md.
ā	DIN pr a Se p solth		220.1 certify that (1) (this haspital)	ottended the deceosed fram_	4-23 1986) to 8-19	19.20 · , that (1) (we) lost
	R ATTENI hospital RECTOR: red for us rpt. af He		saw the deceased alive on	nw the body ahersingth.	Quand that in (my) (aur) apinian	deoth occurred an the date and ho	our and fram the causes stated
	OR ATTEN e hospital DIRECTOR sched for u Dept. of He		274 SIGNATURE	VII.14	DEGREE		22c. DATE SIGNED
			my	Aullow	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-14-80
	HOSPI FUNE Suld be the Single Sould be		PENS NAME LYPE OF PRI	Shelton, M.). 1411 Fores	+ Drive ann	
	Of Of Shapes	23a	BURHAL CREMATION, REMOVAL T	23b. D87/20/80 23c. h	AME OF CEMETERY OR CREMATORY	Annapolis, Md.	COUNTY STATE
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	OHMH - 16 50M 7/77 (VR A 15 (4))	24. 5	eamell runeral	1212 West of A	mapolis, Md.	E REC'D, BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OWNITIONOR PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funefolg director, page 3 should be detected for use as the buriel straight serving. They place combanabates, Pages 1 and 2 should be filled within 2 hours offer death
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10	7	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	0 0	1	9 4	18
1.3		1 DECEASED NAME	FIRST	MIDDLE		AST	REG. I		DAY YEAR	2b. HOUR
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softer do	· ·	3 SEX Male		RACE Caucasian	5 DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)		IF UNDER 24 HRS HOURS MIN.
nerol fire	15	76. BIRTHPLACE (STATE OF COUNTRY) Pennsylva		CITIZEN OF WHAT COUNTY	MARRIE	D NEVER MARRIED	- A RIBITE A D	OR COUNTY		Y MD.
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on and co Pages 1		164 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARME (IF YES, GIVE W)	AR OR DATES)	ECURITY NO. 0-9788	Darlene J	. Smith, 10			
equires from the ocean certificate or signed by the ottending physicia. Then please remove carbon papers rabunal, cremotion, or removal. injury, or other troumotic event, the		Conditions, if of gove rise to couse (D), stunderlying co	immediate oting the use last.		OUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR COL	NDITION GIVE	EN IN PART 1(0)	
ine low ricion. te hos bee isst permit giene prio shows ony	9	19a DATE OF OPE		196. CONDITION FOR WH	ICH OPERATIO		YES NO	IN CERTIFY YES	, WERE FINDING YING CAUSES O	GS USED OF DEATH? NO
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or offendi or offendi After this e os the bu		AT WORK AT	WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
hospital or IRECTOR: A hed for use- ept of Heali frem 21 is me		sow the dece	ased alive on	ottended the deceased fro	9 1U , or	nd that in (my) (our) opinio	, 10			
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retained by the TO FUNERAL should be det with the State IMPORTANT:	1	Rober	+ Hea	50 pnick	MD-	502 B	altimore	- Pa.	Napoli	5 B/VP
BP		Burial CREMATIC		Aug. 12, 1980		emetery or cremator PHITICEME	CITY OR TOWN	mone	AA .	MD
DHMH-16 20A (VRA 15, 4) 7/		James S.		ey, Glen Bu		MD 250 D	AUG 12 1980	COL MODEL	Cong Proces	way

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death. Page 4 may be

completely filled in by the funeral director . I and 2 should be filed within 72 hours af

carban papers. Pages event, the

njury, or other trour

IMPORTANT: If Item 21 is marked ar Item 18 shaws

MEDICAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital

BP.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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- STATE REGISTRAR			CERTIFICA	ATE OF DE	EATH	REC	3. NO.	•			•
DECEASED NAME	FIRST	MIDDLE	LAST			20 DATE OF DEAT	H MONTH	DAY -	YEAR	2b. HO	UR
(TYPE OR PRINT)	John	F	mek	enzie			8	5	80		
3. SEX	4. RAC	E	5 DATE OF B	IRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	-	DER ! YEAR	IF UNDE	R 24 HR
MALE		White	MONTH / 2	24	09	7	O YR	MONTH	S DAYS	HOURS	MIN
BIRTHPLACE ISTATE OR FOR	REIGN 76 CIT	IZEN OF WHAT COUNTRY		NEVER MA	ADDIED [9 BALTIMORE CI	TY OR COUN	NTY OF D	EATH		
Wash., D.C.	2.0	USA	WIDOWED K		ORCED [Anne An	undel.				

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no!	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED C	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	Wash., D.C.	USA	WIDOWED	DIVORCED [Anne Arundel.	M
3	10 CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Anne Arundel G	REET ADDRESS]		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE Plastric Plant	12b KIND OF BUSINESS OF INDUSTRY Retired
)	USUAL RESIDENCE (IF NURSING III) 130 STATE Maryland		OWN 113	d. INSIDE CITY LIMITS?	Box 383 Holly T	rail
2	John	F. McKenzie		MOTHER'S MAIDEN N	MIDDLE	Ritter
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SE (E.WAR ORDATES) 579–12		INFORMANT Ella A. Mat	1200°Bamboo chett, Newport Ric	Lane hey, Florida
	PART I. DEATH WAS CAUSE	nly one couse per line for (o DED BY: TE CAUSE (o) DUE TO, OR AS A CONSEC	at Cell	arcino	ma flung	APPRÖXUMÄTE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (o) Oat Cell Carain	onia I len	BETWEEN ONSET AND DEA
1629	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but not related to the t	ERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS	
		YES NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)

21f LOCATION STREET 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK NOT WHILE

220.1 certify that (II this hospital) attended the deceased fro	- C - 1	coursed on the date and hour and fram the couses stated
22b. SIGNATURE	1/0	DEGREE	22c, DATE SIGNED

amala & alexander	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22. ADDRESS 650 Ritchie Highway
A	

	311111111111111111111111111111111111111	Devi	arna rark, Maryland
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	
Burial	08-08-80	Lakemont Mem. Garde	ns Davidsonville, A.A.

24 FUNERAL DIRECTO Wesit Anna., Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

STATE

Md

DHMH - 16 50M 1/76 (VR A 15 (4))

20	- STATE REGISTRAR					ATE OF DEATH	REG.	40.		E
1. DE	ECEASED NAME E OR PRINT)	IFIGEN		A.	Mili	otou	AUGUST 1	1. 198		10
3. 56	Female	4 R	White		S. DATE OF B		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UI
	RTHPLACE (STATE OR	FOREIGN 7b	Cyprus	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED []	BALTIMORE CITY ANNE AR	OR COUNTY		Y
1 7	CITY OR TOWN OF DE		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET, ARUNDET	G HOME OR C	OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWII	TION of working life) e	176. KIND O INDUSTRY HOUS	eh
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14 F	Andreas	MIDD	Andre	as LAST	15	MOTHER'S MAIDEN NA Florentia	ME	HjDem	etrioû	т
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	R IN U.S. ARMED		140-34-0		Perry Milio	otis 1210		is Rd.	Oc
y or other recorders	Canditians, if any gave rise to in cause to state underlying cause	nmediate ing the	DUE TO, OR	AS A CONSEQUE	c Co)				
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o Tigo A coult. . TROW - SIMPLE WELL

FOR STATE REGISTRAR

	(TYPE	ORPRINT) Christi	ne V	Miller	augus	t 15,1980 10
nce.	3 SE		A RACE B	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	
Thed at or	1	KW York	76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED	PALTIMORE CITY OR CO	ARUNCE (
ust be no	1	Annapolis	Anne Heuno	el General	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUS
aminer m	130	136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR TY 13c. CITY OR TOW SEVERAGE	Park 134 INSIDE CITY LIMITS? Park YES NO	13/ Ear leig	h Height
medicel ex)	?	Craige LAST	Loui	se Gree	en
nt, the m	160 (VAS DECEASED EVER IN U.S. ARA YES, NO GRUNKNOWN) (IF YES, GIVE	war or oates) 212 -26 -		Gilliam 13	I Earleigh Saperomate
to burial, cremation, or rem y injury, or other traumatic	Z	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		MINAL DISEASE OR CONDITA	ON GIVEN IN PART 1(a)
shows an	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS I CERTIFYING CAUSES OF D YES \(\text{ NO.} \)
lental Hyg or Item 18		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)			RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
th and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY
ate Dept. of Hea		27a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATURE	all attended the decased from 19_1	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date of	22c. DATE SIGN
with the Star		22d. PHYSICIAN'S NAME (TYPE OR	1 LLEY	77R ADDRESS	wheth	95
3 =		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
	-	UNERAL DIRECTOR	0 , , 00 3			REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

AHE 1 8 1880 Propositions

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filed within 701 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic event, the medical exam

I director, page 3 hours ofter death

	-			STATE OF M	MARYLAND				
1	FOR STAT		DEPA		I AND MENTAL HYG E OF DEATH	SIENE 8	0	19	4 2 3
h	. DECEASE	STRAR DNAME FIRST	MIDDLE	LAST	LOIDERIII	26 DATE OF D	REG. NO.	DAY YEAR	2b. HOUR
	(TYPE OR PRIN	Helei	i 4/6.+	p mol	3Lev		8	26 &	
ŀ	3 SEX		RACE	5. DATE OF BIRT	Н	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
L	Fe	MALE	Black	- AG11H	7-1917	6	3 ,	RS.	S HOURS MIN.
1	O. BIRTHPLA		CITIZEN OF WHAT COUNTE	RY? 8.	NEVER MARRIED	9. BALTIMORI	CITY OR COL	NTY OF DEATH	11
+	II CITY OF	TOWN OF DEATH	1. MAME OF HOSPITAL, NUR	WIDOWED X	DIVORCED	120 USUAL OC	CLIPATION	12h KINIC	OF BUSINESS OF
1	41111	MORE	MINOT IN SUCH FACKER, GIVE STE	all Ga	wal	(TYPE OF WORK F	OR MOST OF WORK	NG LIFE) INDUSTR	
	130 STATE	IDENCE (IF NURSING HOTE OR O	THER INSTITUTION, GIVE RESIDENCE BE		NO [343	75 COL	ASSOTI	-Ave.
	4. FATHER'S		ODE 1/6 1451-	te "	M Bru	ME	P X	cle	LZ.
		ECFASED EVER IN U.S. ARM ONUNKNOWN) (IF YES, GIVE T	ED FORCES? IM. 505 1/4	3/3/92-	RAHA	Leen.	MILL	.s.SA	meAss
١	18 CA	AUSE OF DEATH (Enter only ART I. DEATH WAS CAUSED	one couse per line to (a), (b), BY:	13				HJ-985	NAME OF THE PARTY
	1	IMMEDIATE		en la ser me	1 —			1	and I m
ı	Conc	ditions, if ony, which	DUE TO, OR AS TRONSEC	29 Just	proton			8/2	12/20
	gove	e rise to immediate e (o), stating the erlying couse lost.	DUE TO, OR AS A CONSE	HIT TOOL	1 Adha	nons	5	/	/
		2. OTHER SIGNUFICANT CO	ONDITIONS CONTRIBUTING TO	NOME OF	RELATED TO THE TERM		ORCONDITION	GIVEN IN PART	1(0)
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1	106.000	CODENT WAS INDESELVING. TO ONITRIBUTING TO CAUSE OF DEATH THEE INCTIFY WEDICAL EXAMINES	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURI	RED (ENTERNATU	RE OF INJURY IN ITE	M 18 PART I OR PART 2)
	#	NJURY OCCURRED	21e PLACE OF INJURY LATHOWS, STREET FACTORY, OFFI		OCATION		CITY OR TOWN	COUNTY	STATE
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	100	aw the deceased alive	li atterided the deceased fro	4=(/)	in (my) (our) opinion	death occurred	on the date and	hour and from t	tho (I) (we) los
	- 0	Bown, (I) (we) (did) (did got)	New the body after death.	PEGR	5 ATTENDING	/			TE SIGNED
		HYSICIAN'S NAME AMOUNT	1100	15 /00	PHYSICIAN DADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN		00/80

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REMOVAL

23c. NAME OF CEMEJERY OR CREMA

ATION Y OR TOWN

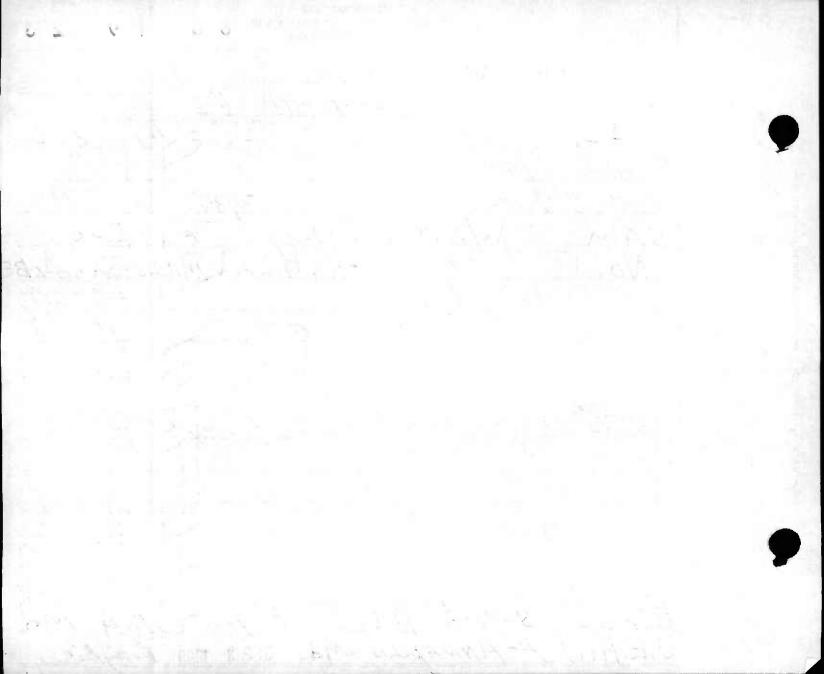
BP.

retained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECT

250. DATE RECD BY REGISTRAR 256 RECS



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page 3 death	I. DE	CEASED NAME FIRST WILLI	AM EDGA		MORRIS	Jr. 20.1	AUG	UST 1	1,198	10:03
interded	3. SE.	Male	White	MONT	OF BIRTH DAY LA 10,1	976	GE (IN YEARS LAST BIRTH	YRS.	FUNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS HOURS MIN
The state of the s	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	OSA	MARRIE		RIED A	NE ARUN	DEL C	OUNTY	MD.
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y filled ould be aminer of	130. 3	AL RESIDENCE (IF NURSING HOME O	MIY 131, GIT	Y OR TOWN	134 INSIDE CITY L	od k	STREET ADDRESS	168 A	18	
1 and 2 sh medical ex		William	E. Mo	rris Sr.	MOTHER'S MA	y	Virginia ADDRE	K	rock N	161
s. Pages 1	160 (No	E WAR OR DATES	16 2102	William	E. Mos	rris II		water,	Md,
in signed by the attending phy, hen please remove carbon pap. to burial, cremation, or removy rijury, or other traumatic e	NO	IRECAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ONSEQUENCE OF	HD - ddu not related to	RON THE TERMINAL	man dia e	d o	ر الله	4
n. ate has been to perion giene prion 8 shows a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORME		BE AUTOPSY?		WERE FINDIN	
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Poital or a RECTOR for use a for use a fem 21 is	X	27a. certify that (1) (this hosp sow the deceased alive ar above, (1) (we)(did) (did no	GLIAI	19 10		9, Topinion death	occurred on the do		ond from the o	
TO FUNERAL DIR should be detached with the State Dept IMPORTANT: If Its	X	276. SIGNATURE 276. PHYSICIAN'S NAME TYPE C	BATSLEER,	M D	PHYS 27e ADDRESS	SICIAN DIR	EDICAL STAF	AN 🗌	MARY	1114
BP———	23a E	SURIAL, CREMATION, REMOVAL			CEMETERY OR CREA	MATORY 2	Id LOCATION City or town Lavids	- 1	1.1	osing d.
DHMH-16 25M (VRA 15, 4) 1/79	24 FU	JARALESTY 7.	4	apolis	MD.	AUG 3	D. BY REGISTRAR Z	tist	y Mach	The day

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examiner myst be fiatilised at any

STATE OF MARYLAND 5 2 9 4 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY	•	NES 0 9 4 2 5			
	1. DECEASED NAME (TYPE OR PRINT) LOR	EHA	WIDDLE	m	ulligAN	20 DATE OF DEAT 8-13-80	H MONTH DA	206	26 HOUR	
	3 SEX 7a BIRTHPLACE (STATE OR F	4 RAC	QUCASIAN IZEN OF WHAT COUNTRY	5 DATE C				ONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
-	New York	U	.S.A.	MARRIE		ANNE	ARCINDE	L COL	INTY MD.	
3	Annapolis	s An	AME OF HOSPITAL, NURS	CO. G		OLERK-	OST OF WORKING LIFE)	126 KIND OF INDUSTRY Baners	,	
1	USUAL RESIDENCE (IF NURS 130 STATE Md.	Anne A	INSTITUTION, GIVE RESIDENCE BEFO 134 CITY OR TO runde 11 V &	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS? YES MO		ss Rivervi	ew Dr:	ive	
1	14 FATHER'S NAME FIRST Willi:	MIDDLE	J. Quinn		15 MOTHER'S MAIDEN NA FIRST Margare	MIDD	Kan	LAST		
	160 WAS DECEASED EVER		ORCES? 166 SOCIAL SEC		17 INFORMANT Relab G. Mi	AE	DDRESS 500	3-Gal:	latin lle,Md.	
		, which mediate and the lost D	UE TO, OR AS A CONSEQ (b) UE TO, OR AS A CONSEQ (c) TIONS CONTRIBUTING TO	UENCE OF	SIVE HOE					
7	19a DATE OF OPERA 21a. ACCIDENT WAS UNI		6 CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY? YES NO[IN CERTIFY YES		OF DEATH?	
1		CAUSE OF DEATH	IB. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18, PAR	IT I OR PART 2)		
	GR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE C	e PLACE OF INJURY NT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCATION STREET	CITY O	RTOWN	COUNTY	STATE	
	sow the decease above, (1) (we)ve	ed alive on	tended the deceosed from 19. the body ofter death.	, or	nd that in (my) (our) opinion	death accurred on the	ne date and hour		hot (I) (we) lost causes stated	
	226. SIGNATURE 22d. PHYSICIAN'S N.	AME (TYPE OR PRINT)	LOP.		ATTENDING PHYSICIAN (MEDICAL	STAFF YSICIAN []	P/C	3/80	
	230 BURIAL, CREMATION, (SPECIFY) Burial	8	/16/1980		emetery or crematory no oln Com.				o. bMª.	
	24 FUNERAL DIRECTOR	lley's I	F.H. ADDRESS	t Rai	nier, . All	TE REC'D. BY REGISTE G 2 0 1980	RAR 256 ATGISTR	AR'S SIGNAL	RELY	

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in be should be detoched for use as the buriol-transit permit. Then please remove corban papers. Tages I and 3 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as remayal. When the Mental Hygiene prior to burial, cremation, as remayal. When 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical exemples must be no

director, page 3 haurs ofter death

Page 4 may be

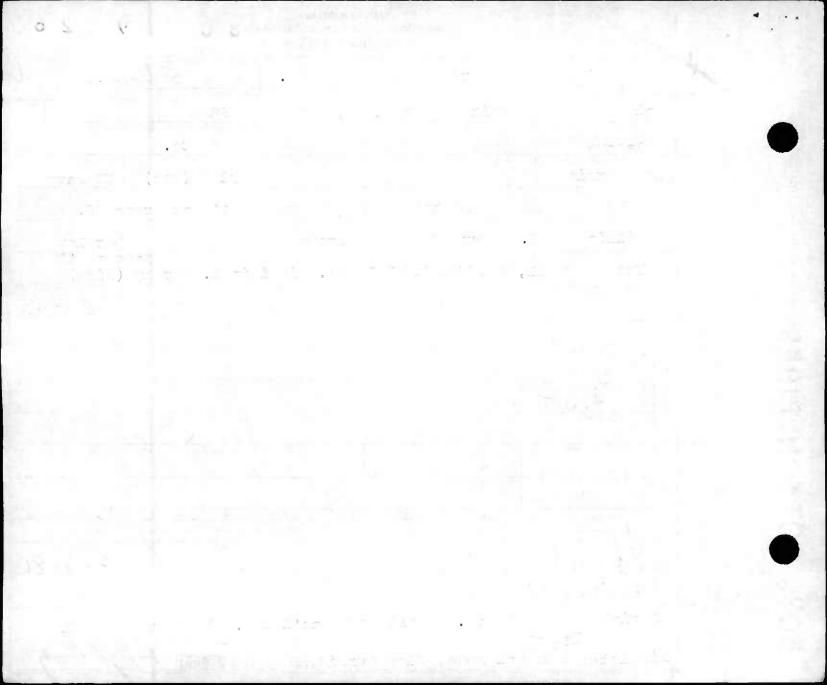
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO.

1	REGISTRAR		CEKTIFIC	AIL UF	DEATH	REG. N	0.		
I. DEC	EASED NAME FIRST	WIDDLE	LAS1	T			MONTH & DAY	YEAR	2b HOUR
(TYPE	William William		MUF	RPMY	Sr.	AUGUS	T/63,	1980	9:10 M
3. SEX		4 RACE	5 DATE OF	DAY	YEAR	6. AGE (IN YEMS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
m	ale	white	Sept 3	30, 1	911	68	YRS	TITIS DATS	Nooks Mile
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	PINEVER	MARRIED -	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
	Alabama	USA	WIDOWED		IVORCED [AA Co			MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INS	TITUTION	170 USUAL OCCUPATI		12b. KIND OI INDUSTRY	F BUSINESS OR
G1	en Burnie.	N. P. C.	REED APORESS)				et)	US N	avv
USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		EFORE ADMISSION)	at INCIDE (TTV LILLITED	In CIRCET ADDRESS		_	
150. 5	TATE MD 13b COU	ÄÄ Lineh	icum	YES	NOXX	13e STREET ADDRESS 511 Oak	Grove	e Rd.	
14. FA	THER'S NAME		1:	5. MOTHER	S MAIDEN NAM	۸E			
	William :	Murphy Murphy		Leo	na	E. MIDDLE	G]	hormi	еу
160. W	AS DECEASED EVER IN U.S. AR			7 INFORM		ADDRE	Dann	e as	13
(11	S.Yes WW. I	T, KOR. 224/5	2/4707	Mrs.	Virgi	nia S. Mu	rphy	(wife)
	18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b	, and (c)					APPROXIA BETWEEN C	MATE INTERVAL
	PART I. DEATH WAS CAUSE	TE CAUSE (a) The tau		aren	nama	or about	ite	2	YEARS
	185-	DUE TO, OR AS A CONSE	OLIENICE OF			11 1			
	Canditions, if ony, which	(L)	OUENCE OF			V			
	gave rise to immediate couse (a), stating the	(0)							
	underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF						
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	OT DEL ATEI	TO THE TERMI	NALDISEASE OF CON	DITION CIVEN	LINI PART 1/o	
Z	HUSINT	n de com .	TO DERIN DOT IN	OI KELAILE) TO THE TERM	IVAL DISEASE OR CON	DITION GIVEN	IN PART III	
AT	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
CERTIFICATION						YEST NOW	IN CERTIFYIN	VG CAUSES	OF DEATH?
ERI	210. ACCIDENT WAS UNDERLYING		1:	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE OF INJUR		1 OR PART 2)	110
4	OR CONTRIBUTING CAUSE OF DE		DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATI	ON				
MEI	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFF		STREET		CITY OR TO	VN	COUNTY	STATE
	AI WORK — AI WORK		17 0		6	11. 10.00	110	\$4	
	22a I certify that (I) (this hasp safy the deceased alive an	ital) attended the deceased fro	0 - 0	UAT		10 10	19.		that (1) (we) lost
	apove, (I) (we) (did) (did no	it) view the body ofter death			(our) opinion a	eoth occurred on the de	ate and hour o		
	22 SIGNATURE	11. 1	DE	GREE	ATTENDING	MEDICAL : / STAI		22c. DATE S	SIGNED
	Walled !!	· Nally	/	111	PHYSICIAN [MEDICAL STAI		18-1	6-80
	22d. HISICIAN'S NAME (TYPE C	OR PRINT)	1	22e ADDRES	SS				
	LORAINE M	1. BAILEY							
23a.	URIAL CREMATION, REMOVAL	20 Aug. 80	31. NAME OF CEA	METERY OR	CREMATORY	23d LOCATION	(0	DUNTY	STATE
		20 Aug. DU	Arlingt	on Na	at'l Co	em. Ft. M	yers	3.1261.42.23.1	VA
	NERAL DIRECTOR	ADDRESS				REC'D. BY REGISTRAR			
S	ingleton Fun	eral Home,	Glen Bu	ırnie	MD AI	JG 19 1980	perf	14/16	Creaty



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	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	9 4 2 7
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
0		JAMES		Nichols	Aug	9 1980 145AM
	3 SE		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	9/20/98 RY2 8	9 BALTIMORE CITY OR COUN	
35		ountry)	U.S.	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Anne Arundel	MD.
3/	10_C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU JIF NOT IN SUCH FACILITY GIVE ST	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
	ÚSÚ	CROFTOIN AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE	E-NTER DMISSION)	Bldg. Contract	tor Home Building
35	130.5	MD. 13b CC		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	77 415
4 - 7	14 F/	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST
120		VAMES L	- MORY NICHOL			
medico	160 (VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT	2 -	asadena 21122
	-		×13-0		nn Gerwig, 2014 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
,		PART I, DEATH WAS CAU	12 101-	Man a		1 (13 PP/
		429 h	DUE TO, OR AS A CONSE	COLLENCE OF		Tweet
		Conditions, if any, which		estive Heent 1	ailure	3 years
7.		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
month, or other mountain.	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(a
ony to	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
Shows	TIFIC					TIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			RRED (ENTER NATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2)
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	NER) P.M.	19		
l i	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			ospital) attended the deceased fro	om 1 Mes , 19 87	1 , to 9 AUS	, 19.80 , that (1) (we) lost
		saw the deceased alive above, (f) (we) (did) (did	pp 9 Aug 1	9, and that in (my) (our) apinio	n death occurred on the date and h	our and from the causes stated
		THE SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
		1000	(Muce)	PHYSICIAN	DIRECTOR PHYSICIAN	9 Aug 80
	3	THE PHYSICIAN'S NAME (THE	NCIP, TO MO	22e ADDRESS	AireCT MAY	Low MJZ/114
-	23o. E	BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATORY	238 LOCATION	1010 /11.13 -11.1
17	(Burial	Aug. 11,1980	Junior Order Cem.	CITY OR TOWN	line, Maryland
	24. F	JNERAL DIRECTOR	ADDRESS	Fodomalahuma 250 DA	ATE REC'D. BY REGISTRAR 256. REGI	
	Fi	amPtom-Hawkin		216 lis Main St.	MORT 9 190h	

3	1-	FOR STATE REGISTRAR		STATE OF MARYLAND STMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	9 4 2 8
4 74	I. DE(CEASED NAME FIRST PRICHAR	d Edmund	Nitsche, Sr.	20. DATE OF DEATH MONTH August	28 1980 6:45a _M
M	3. SE)	Male	4 RACE CAU	5. DATE OF BIRTH MONTH DAY YEAR DEC 5 1913	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Meanth. This in 72 hours of once.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH MD.
ofter of with the f	202	MEADE, MO	(IF NOT IN SUCH FACILITY, GIVE STA	SING HOME OR OTHER INSTITUTION EET ADDRESS) YMU HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126, KIND OF BUSINESS OR
24 hour filled in ould be f	USU/ 13a. S	TATE 136 COUN	OTHER INSTITUTION, GIVE ESIDENCE BEI	ORE ADMISSION)	13e. STREET ADDRESS 46/1	and Rd.
MARYLA mpletely and 2 sh	14. FA	THER'S NAME RICHARD E	MIDDLE NITS	15. MOTHER'S MAIDEN NA FIRST FIRST FIRST FIRST FIRST FIRST	MIDDLE	TOLMEV.
IMORE, or a execution on and call Pages I		VAS DECEASED EVER IN U.S. AR ES, HOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE EWAR OF DATES! 07801	CURITY NO. 17. INFORMANT	Nitsche Seve	Holland Rd-
ST., BALT rithcate b physicia an papers emaval. event, the		PART I. DEATH WAS CAUSE		respiratory A	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON (Canditions, if any, which gove rise to immediate	DUE TO GRAST CONTE	tic carcilona o	fthe lung	Months
sthat the ed by the please re		cause (a), stating the underlying cause tast.	DUE TO, OR AS A CONSEC	NUENCE OF	U DISTASS OR CONDITION OF	VEN ALOADY IV
ECORDS, 3 bw require been sign rmit. Then p prior to bu	ATION	190 DATE OF OPERATION	Diabete	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
VITAL REC N: The law ysscran. cate has be ansit permit Hygiene pri	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		IN CERTI	IFYING CAUSES OF DEATH?
SION OF VITAL R PHYSICIAN: The is ending physician. this certificate has the burial-transit pee di Mental Hygiene d or frem 18 shows	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	(ENTER NATURE OF INJURY IN HEM 18,	PART TORPARTZ)
DIVISION DING PHYY or attendin After this e as the bu	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FLOTON, OFFI	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND optial or TOR: A far use of Heal		sow the deceased dive on	ital) attended the deceased fram	and that in (my) (aur) apinian	death accurred on the date and ha	ur and fram the causes stated
		226. SIGNATURE	May Had	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	28 AUG80
HOSPII bined b FUNE buld be thinke Si		RJ. IGAR	TruA/	Kimbroug.	h Army Hosp.	FT Meade Ma
Bb	23a. B	URIAL, CREMATION, REMOVAL	9- 2-80 23	NAME OF CEMETERY OR CREMATORY	M. Achineton	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. FU	INERAL DIRECTOR NAME AFFANCO	Juneral Hon	ye Severna Pk,	RECD. BY RECHUSER 256. RECH	

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IMPORTANT: If Item

CERTIFICATION

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PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

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IN CITY OR TOWN OF DEATH

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DECEASED NAME

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TYPE OR PRINT

7a. BIRTHPLACE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEA

	- 100			
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	1	2		

LAST

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TH		U	
In		REG.	NO

		REG.	NO.
DATE	OF	DEATH	HOM

KEG. I	40.			
F DEATH	MONTH	DAY	YEAR	26. HOUR
5	#8-	26-	80	945
FARS LAST OF	THOAY	IF UNO	RIYEAR	IF UNDER 24

LAST	2g. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
2'Connor		-26-80	
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNGER 1 YEAR	IF UNDER 24 H
MONTH DAY YEAR	F C	MONTHS DAYS	HOURS M

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 134 CITY OR TOWN 13e STREET ADDRESS

YES [NO V WOODLAN 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE LAST MIDDLE

FRANK JNK FOWLER In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IN YES, GIVE WAR OR DATES) (YES, HO OR UNKNOWN)

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

ADDRESS 071-16-1436 GEORE W

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20e AUT	OPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
			YES 🗌	NOM	YES [NO 🗌	
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURR	ED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)		

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH YEAR

(IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE

AT WORK 19 22a I certify that (I) (this haspital) attended the deceased from 8/26/80 sow the deceosed olive on, and that in (my) (var) opinion death occurred on the date and hour and from the causes stated obove, (1) (wet (did) (did not) view the body ofter death

DEGREE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

WATKINS	121 Cathedral	Hanapolin.
6. BURIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT	

8-29-80 BALTIMORE WATIOWA 24 FUNERAL DIRECTOR

RITCHIE HWY SEVERAS

256. REGISTRAR'S SIGNATUR

DHMH-16 25M (VRA 15, 4) 1/79

FUNERAL DIREC

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226 SIGNATURE

BALTIMORE CITY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) TARKINSON 6. AGE (In years lost birthday) IF UNDER 24 HRS. S. DATE OF BIRTH IF UNDER 1 YEAR YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION YNN APOLIS 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c_ CITY OR TOWN 13d INSIDE CITY LIMITS? PRESTON STREET, BALTIMORE, MARYLAND 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First WILLIAM 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, of unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH carban PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please 3 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BIJ NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING permi 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO M burial, 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State OFFICE BUILDING ETC. While Not while at work 22a. I certify that ((1) (this haspital) attended the deceased from. 19 GO and that in (my) aur) apinion death accurred on the date and hour and from the saw the deceased alive on causes stated abave, (I) (we) (did) did not) view the bady after death. 22b. SIGNATURE DIRECTOR 22d. PHYSICIAN'S NAME (Type) shauld NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d. LOCATION (City or Town) go. CIM 2 25o. REC'D BY REGISTRAR DHMH-16 1/71 30M (VR A15 (4))

DESCRIPTION OF PLANT OF PROPERTY AND PROPERT Pierro Miskereste Skiller ATT SHOW THE STATE OF THE STATE THE EDUCATION OF THE PROPERTY OF THE PARTY O TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

	1. DECEASED		WIDDLE	LA	ST .	REG. N 2a. DATE OF DEATH	MONTH DAY	YEAR 2b. H
	(TYPE OR PRINT	EARle	G.	PAH	urson		8-30	0-80 11:
	3. SEX		4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BE		UNDER I YEAR IF UN
-	\underline{m}	210	Caucasias	3.	- 31-1900	80	YRS.	
3	7a. BIRTHPLA	inia	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	☐ NEVER MARRIED ☐ DIVORCED ☐	Anne Art		FDEATH
3	Anna	rown of DEATH	(IF NOT IN SUCH FACILITY, GIVES	STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired		12b. KIND OF BUS
35		DENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE UNTY 13c CITY OR	BEFORE ADMISSION)	34 INSIDE CITY LIMITS?	13e STREET ADDRESS		LLaundry
21	14. FATHER'S	FIRST	MIDDLE LAST		YES NO	ME MIDDLE	120	LAST
1.4	IAR WAS DE	James CEASED EVER IN U.S.	T. Patter		Sally 17 INFORMANT	ADDE		ries
/	(YES, NO C		GIVE WAR OR DATES)		Eugene F. Pa	Gl tterson,405	en Burn Luther	Rd. Ma
	cause	(a), stating the		COLIENIOS OF				
	PART	rlying cause last. 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING	TO DEATH BUT N				
7	PART	rlying cause last.	(c)	TO DEATH BUT N		200 AUTOPSY? YES \(\text{NOW} \)	20b. IF YES, V	VERE FINDINGS UNG CAUSES OF D
29	CERTIFICATION 10 DV 10 D	rlying cause last. 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216. TIME OF INJURY HOUR A.M. MONTH	S TO DEATH BUT N		200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF DE
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2 2 () () () Januari C. T. Carrier and C. Carrier 36.70 6.836

T		1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	0 0	G. NO.	9 4 D	.S.T.
(A)		I. DEC	CEASED NAME OR PRINT)	F#ST HARRY		SEPH		OTEE	20 DATE OF DEAT	_	7, 1980	25. HOUR 5:30 A
MA		3. SE)	(4	RACE		5 DATE C		6 AGE (IN YEARS LAS	(BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS
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72 hou	5	CC	RTHPLACE (STATE OR FO	REIGN 71		WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	ANNE ARUN	_	Y OF DEATH	MD.
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filled in the file	6	13a S	AL RESIDENCE (IF NURS TATE arvland	136 COUNT	THER INSTITUTION Y	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO 🔯	13. STREET ADDRE 844 Elm		Road	
completely filled in by I and 2 should be filed	20	14. FA	THER'S NAME FIRST	MI	nry	Potee		15 MOTHER'S MAIDEN NA	ME Loui		Shep	pard
		16a V	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU			ughter) AC	DRESS		
Pages t, the n		No Nor				705.05	.337	Mrs. Ruth	Craig	Same a	- "	
ysicia pers. oval. even			PART I. DEATH W	I (Enter anly AS CAUSED IMMEDIATE		Hemex	hag	ic 5h.	ck		BETWEEN	ONSET AND DEATH
igned by the attending ph n please remove carbon pa burial, cremation, or rem injury, or other traumatic			Canditians, if any, gave rise to imm cause to statin underlying cause	nediate	(b)	R AS A CONSEQUE	ed	Abel Rost.	e Ane	siysm.	12	z hrs
en signe Then ple or to bur ony injur		NOI	PART 2 OTHER SIGN	HEICANT CO	ONDITIONS <u>C</u>	ontributing to (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C			
permit.	2	CERTIFICATION	AUS 6	1980	0	otred	0	N WAS PERFORMED	YES NO	IN CERTI	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
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After this s the buria th and Me marked or		MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	СНУО	RTOWN	COUNTY	STATE
use a Heal Heal		ı	220.1 certify that (I) saw the decease above, (I) (we) (c	d alive an_	8/7	19_	80 o	nd that in (my) (aur) apinian	, tadeath occurred an th	ne date and ha		that (I) (we) last
TO FUNERAL DIRECTOR FOR Thould be detached for with the State Dept. of MPORTANT: If I tem			Comple.	ntrne	26	down	9		MEDICAL DIRECTOR PH	STAFF YSICIAN []	22c DATE	5 SIGNED / 2/80
TO FUNE should be with the S	1		CONSTANT	NE J.				22e ADDRESS 7300 I GLEN I		RYLAND	21061	
P		23a. E	Burial, CREMATION,	0	Aug. 1			emetery or crematory aven Mem. Pk	23d LOCATION CITY OR TOWN		COUNTY	STATE Md
HMH-16 25M RA 15, 4) 1/79	,	24 FU	ineral director of ingleto	n Fur	neral	Home G1	en B	urnie, Md AU	E REC'D. BY REGIST			

STATE OF MARYLAND

Dec. The second Which there is not

4	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENT FICATE OF DEAT	AL HYGIENE	O I	9	4 3	4
or offer death	1. DE (TYPE	CEASED NAME FRST OR PRINT! INCE X F	RACE WHI	FE S. DATE MON	LAST WO/EY OF BIRTH DAY Y 2 13 18		OF DEATH MONTH	27	80 ER I YEAR II	HOUR HOUR FUNDER 24 HRS HOURS MIN
er deoth. Po er funerol dir within 72 hou led at once.		RTHPLACE ASTATE OR FOREIGN 76 OUNTRY) ITY OR TOWN OF DEATH 11		MARRI WIDOW AL, NURSING HOME	ED NEVER MARRI	PED 120 USU	ANNE ALLO ALOCCUPATION	INTY OF DI		MD BUSINESS OR
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ompletely ompletely of ond 2 sh	16a. \	NAS DECEASED EVER IN U.S. ARME	(20)	ALEY DCIAL SECURITY NO.	IS MOTHER'S MAIL FIRST FIRST TO INFORMANT	DEN NAME	MEDIE SC	HO	FIEL	D S
es that the death certificate by the attending physiciar please remove carbonpapers. ural, cremotion, or removal.		18 CAUSE OF DEATH (Enter only part I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS (c)	Dehydro CONSEQUENCE OF CONSTQUENCE OF	izid at		cleros	•	reef 1rs 7rs	21402 SE INTERVAL SET AND DEATH
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DHMH-1650M1/76	350. 21/1	OURIAL, CREMATION, REMOVAL SPECIFY UNERA DIRECTOR	20/30/80	23/NAME OF ADDRESS	CEMETERY OF CREM	ATORY IIILLE	Y REGISTRAR 25b. RE	COUNT		D STAYE

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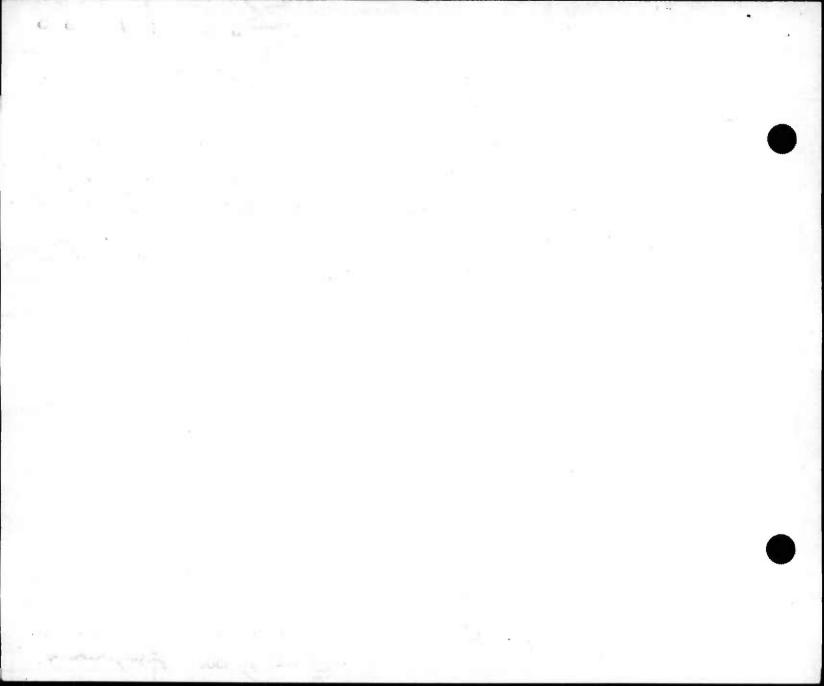
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requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	ENE 8 ()		9 4	3 5
. 85		OR PRINTS	ODCE	MODIE		AST TED A D	20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
poge 3	3 SE		ORGE	JOHN	S. DATE C	EBAR	AUGUST 3		980	M IF UNDER 24 HRS
	, J.	MALE		WHITE	JAN	OAY YEAR	65	YRS	MONTHS DAYS	HOURS MIN
22.00		RTHPLACE (STATE OR FOREIG DUNTRY) ENNSYLVANI		CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	ANNE AR	R COUNT		
the fune d within	10 C	TY OR TOWN OF DEATH	111.	NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON F WORKING LI	12h KIND C INDUSTRY	PERUSINESS OR IP
be file	USU.			D-87 KEITH HER INSTITUTION, GIVE RESIDENCE BEFOR				RET.		& DRY
filled ould state			NNE	ARUNDEL JESSU		134 INSIDE CITY LIMITS? YES NO 🔀	D-87 KEI	TH L	ANE	BILLEST.
pletely nd 2 sh	14. F.A	THER'S NAME	MIDE	DLE LAST		15 MOTHER'S MAIDEN NAM FIRST	MIDDLE		LA	st
E 0 0 5	14: 1	ANDREW	LC ADAGE	REBAT		CATHER 17 INFORMANT	INE			NOWN
rcian and corers. Pages of the medical		ES, NO OR UNKNOWN)	YES, GIVE WA	R OR DATES)				,		MD 21144
	-	NO NO	N/P	170–12-		MR. WILLI	AM STICE	ISON	-IN-LA	MATE INTERVAL ONSET AND DEATH
igned by the attending ten please remave carbar b burial, cremotian, ar ret ury, ar ather traumotic ex	z	Conditions, if any, wh gave rise to immedi couse (a), stating underlying cause li	ote the	DUE TO, OR AS A CONSEQUE (c) DOITIONS CONTRIBUTING TO	ALTA ENCE OF	Ou of Cu	NAL DISEASE OR CON	DITION GIV	VEN IN PART I	0'
has been s permit Th perm to pws any inj	CERTIFICATION	19a DATE OF OPERATION	1	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	TN CERTI	S, WERE FINDIN	NGS USED 5 OF DEATH?
ng physical certificate mol-tronsit entol Hygiia frem 18 sh		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, I	PART I OR PART 2}	
ottending ter this of is the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
spitol or CTOR: Af afor use of it of Health		220-1 certify that (1) this saw the deceased a above, (1) (we) (did)	live on	grended the deceased from 19 19 19		d that in (my) (our) opinion d	to lang seems to de de	ote and hou	or and from the	
y the ho detached tate Dept		226. SIG TATURE	W	essin	_ :		MEDICAL STAI	IAN 🗌	271 DAJE	180
etained by TO FUNERA should be de with the Stat			BEN	JAMIN, M.D.		GL	7 EMPIRE TO EN BURNIE,			RITCHIE HWY 1061
BP	230 E	BURIAL, CREMATION, REM SPECIFY) BURIAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Director to	COUNTY	STATE
	24 F1	JNERAL DIRECTOR	9.	20177	TTT IV	HAVEN MEM.P	KI. GLEN REC'D. BY REGISTRAR	BURN 25b. REGIST		
DHMH-16 20M (VRA 15, 4) 7/78		SÏNGLETON	FUNE	ERAL HOME, GL	EN BU	JRNIE, MD SEF	2 1980	fre	trapha	Brevly



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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FOR STATE REGISTRAR		DEPART	MENT OF HEALTH CERTIFICAT			IENES (REG. NO).	9	4	3	DS	Γ
1 DECEASED NAME	FIRST	WIDDIE	LAST			20 DATE OF	DEATH A	HTMON	DAY	YEAR	2b H	OUR	_
(TYPE OR PRINT)	ONA	н.	REMB	OLD		AUGU	ST 20	, 198	30		11	:15	E
3 SEX		4 RACE	5. DATE OF BIRT	ſΗ		6 AGE (IN YE	ARS LAST BIRTH	(VAO)	IF UNC	DER I YEAR	IF UN	OER 24 H	R
Female		White	Dec.	9,.	1922	57		YRS	MONTH	5 DAYS	HOUF	RS MIN	7
To BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED .	NEVED		9 BALTIMO	RE CITY OF	COUN1	Y OF D	EATH			Ī
Maryland		U.S.A.	WIDOWED [ORCED	ANN	E ARUI	NDEL	COU	NTY			٨

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) GLEN BURNIE

NORTH ARUNDEL HOSPITAL N, GIVE RESIDENCE BEFORE ADMISSION)
134 CITY OR TOWN
Pasadena (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY Anne Id Arundel

126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFET None None

308 Cockey Drive

ı	14. FATHER'S NAME			15 MOTHER'S MAIDEN NAME		t.
	Frederick		Rembold	Helena		Fitzgerald
7	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) N/A	216/16/9266	IT INFORMANT (Per. Mr Edward A.	Rep) ADDRESS 823 Derenberger	Munsey Blo Balto, Md
П						Total Control of the

YES [

13d INSIDE CITY LIMITS?

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F	rederick	W.	Rembold	Helena	MIDDLE	Fitzgerald
		N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) N/A	166 SOCIAL SECURITY NO. 216/16/9266	17 INFORMANT (Per Mr Edward A	Rep) ADDRESS &Derenberg	ger Balto.,Md.
	7140	MMEDIATE CAUSE (a)	or AS A CONSEQUENCE OF	A.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if any, gove rise to imm cause to stating underlying cause PART 2. OTHER SIGN	ediate the last.	ONTRIBUTING TO DEATH BUT	daille NOT RELATED TO THE TERMI	ete. NAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(g)
CERTIFICATION	190 DATE OF OPERAT		ITION FOR WHICH OPERATION		YES NO	D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH HOUR A	DFINJURY .M. MONTH DAY YEAR .M. 19	21¢ HOW INJURY OCCURR	ED {ENTER NATURE OF INJURY IN I	TEM 1B. PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRI	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	sow the deceases		10 00			nd hour and from the causes stated
	22b. SIGNATURE	M.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	MARC A.	APLAN, M.D.			DAKWOOD ROAD, BURNIE, MARYL	
23a.	BURIAL, CREMATION, F SPECIFY) Burial	23b. DATE 8/25		ivet Cem.	23d LOCATION CITY OR TOWN Washingtor	COUNTY STATE D.C.

for use as the burial-transit permit. The of Health and Mental Hygiene prior to After this certificate has been morked or Item 18 shows any should be detached for use with the State Dept. of Heo IMPORTANT: If them 21 is m TO FUNERAL DIRECTOR: BP. (VR A 15 (4))

filled in by the fould be filed with

completely

injury, or other troumatic

USUAL RESIDENCE 130. STATE

Maryland

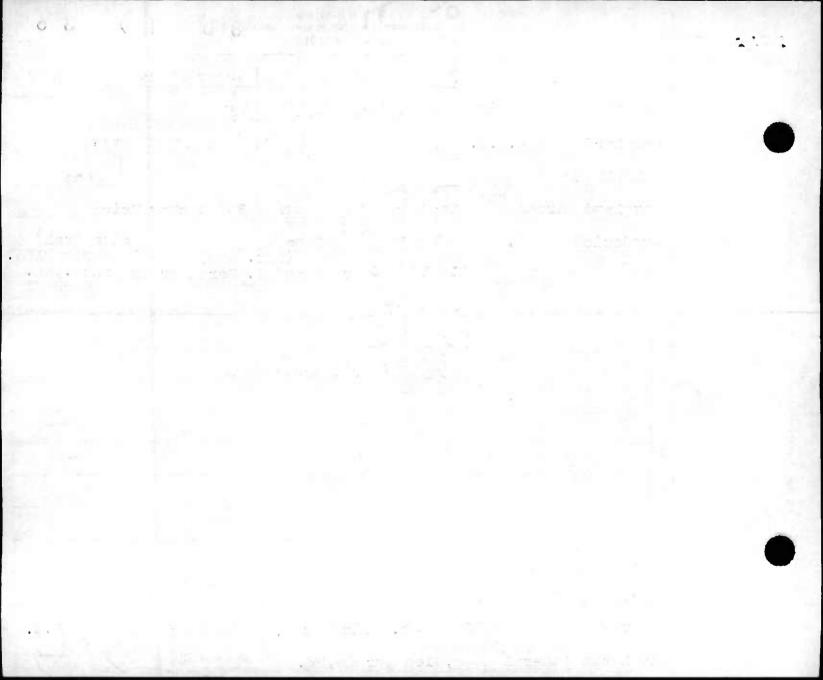
Burial

D.C.

Mt. Olivet Cem. 24 FUNERAL DIRECTOR & S. Hopking. Singleton Funeral Home, Glen Burnie, Md.

26 1980

DHMH - 16 50M 1/76



	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECES	KECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND 3 TO THE FUNER,	AGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR	deuneral director : page 3 should be used as a burial-transit permit, pages 1 and 2 should be filed, with	fter death, with the state department of health and mental hygiene, division of vital records, 301 w. pre:	7 5 3
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	JTED	N PE	EXA	IAL	ME	OR R
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	MIN	TIFIC	BE	ECTO	FHI	IAN
7	EXA	CER	ULD	DIR	3	MARY
	CAL	THE	SHO	RAL	ATH	ALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	AEDI	UTE	4	UNE	R DE	IMO
	0	KEC	AGE	OF	FTE	ALT

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	RY, PLEA	3. SEX	ale	4 RACE White	5. DATE OF BIRTH	59	6. AGE (IN YE.	AY) MONT	AS DAYS	IF UNDE	MIN	PRONOU DEAL	NCED	MÓM	7 3	80	7:10
	LONER FOR WITH PREST	76. BIRTHPLACE (STATEOR FOREIGN COUNTRY) Ohio			76. CITIZEN OF W	.S.A.		8. MARR WIDOW	ED NE	VER MARI	CED 📖	A	une A	Luna	er oc	diffey	MD
	PAGE 5 PAGE 5 FILED, 5, 301 W	Glen Burnie			IF NAME OF HO (IF NOT IN SUCH) Nort!	SPITAL, NU ACILITY, GIVE S 1 Arun	RSING HOME TREET ADDRESS) Idel Ho	spita	er institu a1	TION	120. USU	char	PATION (TYPE OF WO	CF	IND OF BURNING TO COMPANY	ISINESS RY al
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E, MD. 2	ES 1, 2, 1 PM 3. IND 2 SI VITAL	14. F#	THER'S NAME		MIDDLE .	Ri	ddle		15. MOTHE J	enny	EN NAME		MIDDLE			mita	-
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ECORDS, 301	BE EXECTION, INTERPRETATION, AND AND AND AND AND AND AND AND AND AND	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
TALREC	CHIEF M CHIEF M CHIEF M OF HEA AL, CREA	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	DITION FOR WHICH OPERATION WAS PERFORMED?								20.	AUTOPSY	NO [
NOFV	FICATE SH THE WOR TO THE COULD BE RIMENT O TO BURIA			L CAUSE WAS OR OG CAUSE OF D	21b. TIME O HOUR A.	M. MONTH	DAY YEAR		ow INJURY					18 PART 1 0	OR PART 2)		
DIVISIO	VRITING ARDED 1 GE 3 SH GE 3 SH TE DEPA	MEDICAL	21d. INJURY C WHILE AT WORK		21e. PLACE	OF INJURY	(AT HOME,	21f. LO	CATION					rnie	county Ann	e Arı	undël.
	NER: THE CATE, V FORW, FOR PA		77	fy that I took charge					y X	Inspection	an .	Inquiry	, 🗖, _		ny apinian	M	i.
D	EXAMI CERTIF DULD BE L DIRECT H, WITH		death resulte	11	ZAola	Accident		icide [31]	TITLE (S	PECIFY)	ant	ermined m			ATE	7/3/	80
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH. A. BALTIMORE, MA.	p .	SIGNATURE EXAMINER'S (TYPE OR PRIF	0	ginia L.	Call PA			ADDRESS_		MED				GNED	t	
	PACION PA	23a. Bl	JRIAL, CREMA	TION REMOVAL 23) 23c G	len H	METERY O	RCREMATO	. Pk	23d. LC	CATION OLIOWN	Burn	ie	CAUNTYA.	N	ra
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1	1 -	FOR STATE		DEPARTMENT OF	E OF MARYLAND LEALTH AND MENT		1	9 4	3 8
		REGISTRAR EASED NAME FIRST R PRINT)	MIDDLE. M.		icate of DEATI	2a. DATE OF DE	REG. NO.	DAY YEAR	26 HOUR 15
		errale THPLACE (STATE OR FOREIGN	4 RACE white 7b CITIZEN OF WHAT	COUNTRY? 8	21 9	AGE (IN YEARS	LAST BIRTHDAY) YRS CITY OR COUNT	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
977	0. CIT	y OR TOWN OF DEATH	U. S.	MARRIE WIDOW FAL, NURSING HOME TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	ED AND 120 USUAL OCI (TYPE OF WORK FO	2 Aron	del 126 KIND OF	BUSINESS OR
#7	USUA Iju SJ	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RE		13d. INSIDE CITY LIM YES NO [13e STREET AD	oress hurch St	reet, N.	v.
201	TIA	FIRST	NOWN	LAST	FIRST	UNKN	MODIE	LAST	
3	6a W. (YE	AS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO 17-84-0863	17 INFORMANT Bridget F	niece leischhauer	ADDRESS 31	19 Munz 1 olis, Mar BETWEEN OF	ruland
injury, or other troumatic even	Z O	PART I. DEATH WAS CAUSE IMMEDIA 4009 Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A b) DUE TO, OR AS A	ACI	D CHY NOT RELATED TO TH	Dis Les touries 1 DIN ASLANDA 1E TERMINAL DISEASE O	distant R CONDITION GI	ye ye ven in part 110	has.
10 mg/2	RTIFICAT	90 DATE OF OPERATION		FOR WHICH OPERATION			O Y	ES, WERE FINDING IFYING CAUSES O ES	GS USED OF DEATH? NO
21/	MEDICAL	RID. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) THE INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M.	NONTH DAY YEAR 19	21f. LOCATION	OCCURRED (ENTER NATURE	Y OR TOWN	PART 1 OR PART 2)	STATE
# Ben 21 it m		220 L certify that (1) (this haspi saw the deceased alive of abave. (1) (we) (did) (did) 22b. SIGNATURE	tal) attended the dec	19/0/0	DEGREE	opinian death accurred a	STAFF _		
MPORTANT		24 PHYSICIAN'S NAME (TYPEO	PRINT)	1 K MD	22e ADDRESS	on Sune	stelle!	16/61	70
	(SP	RIAL, CREMATION, REMOVAL	23b. DATE Aug. 4. 198		EMETERY OR CREMA	CITY OR TO	WN	COUNTY	STATE
1/76	4 FUI	NERAL DIRECTOFF TRANCIS NAME University Bl	J. Collin	S ADDRESS	2	AUG 8 19	Q PAR 255	bel.	ne dy

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DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST 20 DATE OF DEATH MONTH DECEASED NAME [TYPE OR PRINT) FARL. AUGUST 1980 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH White Male 1911 68 Jec. TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED D NEVER MARRIED WIDOWED DIVORCED ANNE ARLINDEL 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE NORTH ARUNDEL emploues USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e. STATE 136 COUNTY Glen Burnie 44 Forestdale Ave. 21061 13d. INSIDE CITY LIANTS? P Trunder YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Frank 20 Rouen arrie Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) INF YES, GIVE WAR OR DATES! atherine Adele Rover same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and\(^1) c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CERTIFICATION shows 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? Mental Hygiene NOF 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) ă 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE MEDICAL ATTENDING STAFF should be detac with the State [TO FUNERAL ORTANT PHYSICIAN |

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNT STATE that (1) (we) last and that in (my) (see) apinian death occurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT) 22e ADDRESS GERARD CHURCH, M.D. MARYLAND 21146 Brown 23e BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE rooklyn. Park Anne Arundes Suria 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNADURE ADDRESS Pasad AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

IF UNDER 24 HRS

DAY

IF UNDER 1 YEAR

DAYS

12h. KIND OF BUSINESS OR

unknown.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Grocery Store

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	0.	9 4	40
TYPE		FIRST	1	. Ru	4530			8 18	80	230 p
3 SE	M	1	ACE U	,	5. DATE C		AGE (IN YEARS LAST BIRT	EX MC	ONTHS GAYS	HOURS MIN
1	IRTHPLACE (STATE OR FO QUATRY) Maryland ITY OR TOWN OF DEA		USA	and the second second second	WIDOWE	NEVER MARRIED	Anne Arunc	lel.		MC OF BUSINESS OR
Ar	nnapolis	A	nne Ar	undel Ger	neral	Hospital	Power Plan	7"7	Reti	red
130	ALRESIDENCE (F NURS STATE STATE ATYLAND ATHER'S NAME FIRST GOODGO	Anne A	rundel	GNE RESIDENCE BEFORE 13c. CITY OR TOW Annapol: LAST Russell	N	134. INSIDE CITY LIMITS? YES (NO) 15. MOTHER'S MAIDEN NAMED NAME	13e STREET ADDRESS 407 Taylo		LAS	
	WAS DECEASED EVER	IN U.S. ARMEL		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ESS	vdings	5
	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	I OR DATES)	216-44-	5622	Elizabeth C.	Russell (s	same as		MATE INTERVAL ONSET AND DEATH
z	Conditions, if any, gave rise to immediate lai, statin underlying cause	nediate ng the last	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	NCE OF	POCG/OE NOT RELATED TO THE TERM	M/2 DO MAI INAL DÍSEASE OR CON	DITION GIVE	N IN PART 1	
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATI		
	218 ACCIDENT WAS UND OR CONTRIBUTING (1)	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	YES NO YES NO			NO [
MEDICAL	IF ETTHER, NOTIFY MEDICAL EXAMINER) P.M. 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT					211 LOCATION STREET	CITY OR TOV	COUNTY STATE		
	saw the decease abave (1) (we) (6	ed alive an	7-15	198		nd that in (my) (aur) apinian in	death occurred on the de	ate and haur		
	226 SIGNATURE	111	1/4	6//	MI		MEDICAL STAI DIRECTOR PHYSIC		22c DATE	SIGNED
	224. PHYSICIAN'S NA	AME ITYPE OR PRI	- ho	11 mi	5	22e ADDRESS	and/	20	va lau	11/11

230. BURIAL, CREMATION, REMOVAL ISPECENT BURIAL 236. DATE 08-20-80

23c NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery Annapolis,

COUNTY

STATE

tery Annapolis, Anne Arundel, 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
Beall Fune Funeral Home, 1212 West St, Anna., Md.

DHMH-16 25M (VRA 15, 4) 1/79

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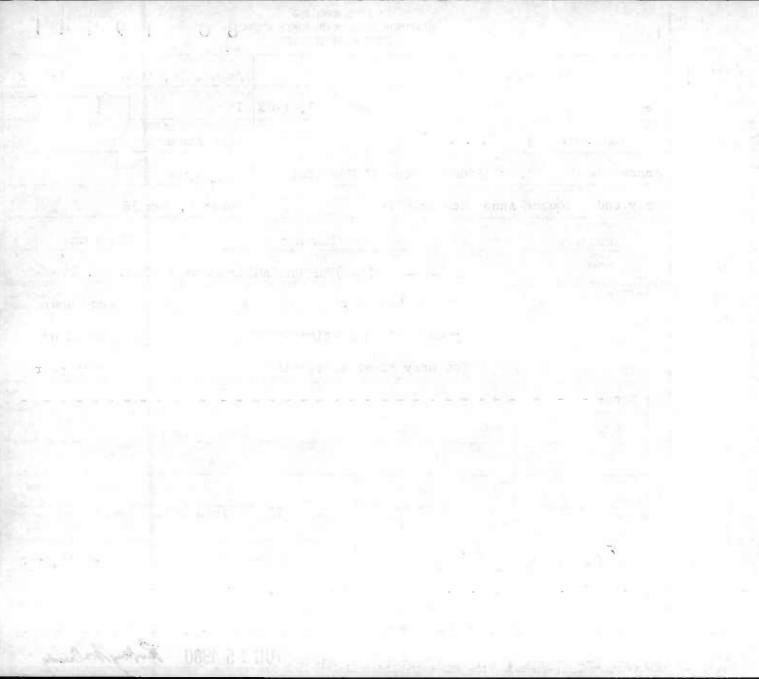
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

	1 - FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENER O REG. NO.	9 4 4 1
1	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4	Elizab	eth H	SADLER 5. DATE OF BIRTH	August 14, 19	
	Female	Caucasian	December 17,	1903 76	MONTHS DAYS HOURS MIN.
35	6. BIRTHPLACE (STATE OR FOREIGN COUNTED IN M.	76 CITIZEN OF WHAT COUNTRY U.S.A.		PRIED 9 BALTIMORE CITY OR COU	<u> </u>
53	O CITY OR TOWN OF DEATH Annapolis	Anne Arundel G	ING HOME OR OTHER INSTITU ET ADDRESS) eneral Hospita	TION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND OF BUSINESS OF
35	USUAL RESIDENCE (IF NURSING HOMEO 13a. STATE Maryland Quee	ROTHER INSTITUTION GIVE RESIDENCE BEF NIY NANNE STEVENS	WN 1 1 134 INSIDE CITY	LIMITS? 13¢ STREET ADDRESS Route 3, Box	36
70	4 FATHER'S NAME FIRST Unknown	MIDDLE LAST	15 MOTHER'S M. FIRST	WIOOFE	Fiehavon
2	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!		ADDRESS n Sadler Stevensvill	le, Md. 21666
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (ED BY: Cardiog	enic shock		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONE hour
	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECUTION (16)	UENCE OF UENCE OF Y atheroscleros		two hours
2	PART 2 OTHER SIGNIFICANT NONE	CONDITIONS CONTRIBUTING TO		THE TERMINAL DISEASE OR CONDITION	Many years GIVEN IN PART 110. YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
City	OR CONTRIBUTION TO CAUTE OF DE	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM	
	OR COMMISSIONS CAUSE OF DE CIFETHER NOTIFY MEDICAL EXAMINER 27d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		attended the deceosed from August 14 19. Review the body after death.	00	9 77 to August 14 r) opinion deoth accurred on the date and	, 19 <u>80</u> , that (1) (we) las hour and from the couses stated
	27b. SIGNOTURE	V. Kinzar	DEGREE ATTE PHY	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED Aug 14,1980
	Charles W. Ki		22e ADDRESS Annapol	is, Maryland 21401	
2	30 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CRE	MATORY 23d LOCATION CITY OR TOWN metery Stevensville	COUNTY STATE
2	4. FUNERAL DIRECTOR	ADDRESS	700 10110 11116 00.	25a. DATE REC'D. BY REGISTRAR 25h	ISTRAR S SIGNATURE
	INAME	ADDRESS		AUG 1 5 1980	F- A B

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

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STATE OF MARYLAND

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	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.						
	1. DECEASED NAME FIRST (TYPE OR PRINT) ALMA	H.	SCHMIDT	August 24,	1980 26 HOUR 1:00 P					
	3. SEX Female	RACE White	5. Date of Birth NOV. 174, 1879	6 AGE (IN YEARS LAST BIRTHOAY) 100 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.					
1	Germany	U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED █ DIVORCED ☐	BALTIMORE CITY OR COUNTY Anne Arunde						
)	Glen Burnie	NAME OF HOSPITAL, NURSIN	BOX 406	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY					
1	USUAL RESIDENCE (IF NURSING HOME OR O 130. STATE 136 COUNT Maryland A.		N 13d INSIDE CITY LIMITS?	Route # 2	Box 406					
	August	Miller	15 MOTHER'S MAIDEN NA	MDDTE	Mokol					
	160. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR GATEGO		H. Schmidt (P	rearranged)					
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per tige for (a), (b), one BY: CAUSE (a)	resculor occide	ent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	436 - Conditions, if ony, which	436 - DUE TO, OR AS MCONSEQUENCE OF POLICY OF								
	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)						
)	OR CONTRACTOR OF STATE	216 TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)					
	OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbor should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar ta bur

MPORTANT: If Item 21 is marked ar Item 18 shaws any

completely filled in by the funeral . I and 2 should be filed within 72 t

injury, or other traumotic event, the medical

Joseph Taler M. D.

95 Aquahart Road

Glen Burnie, Md.

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 8/27/80

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased above. (I) [we] (dis 77b. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d. LOCATION Cedar Hill Cemetery Brooklyn,

STATE

/25/80

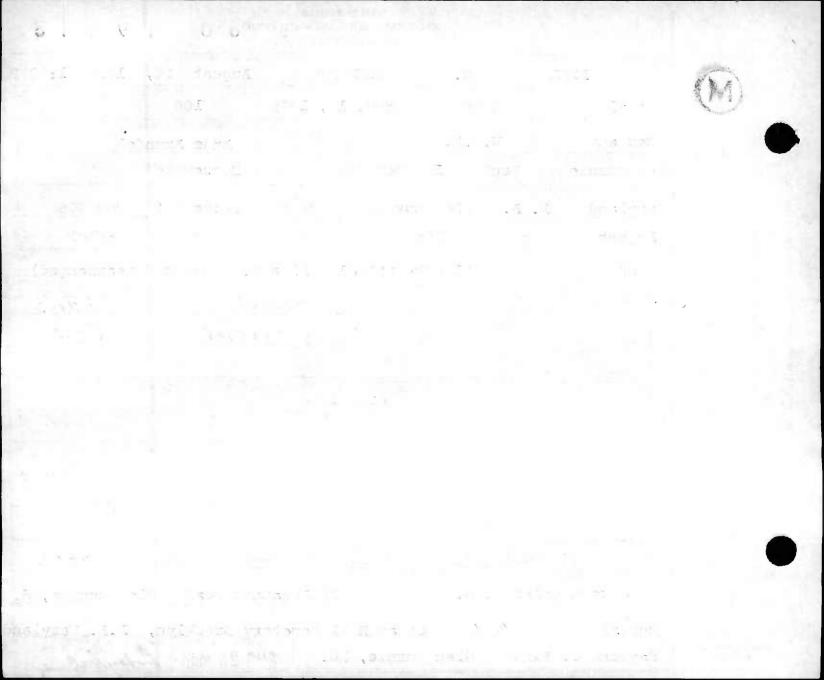
24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

Raymond C. Fink

Glen Burnie, Md.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

(VR A 15 (4))



attending physician and completely filled in by the ve carbon papers. Pages 1 and 2 should be filed with

any injury, or other traumatic event,

shows a

IMPORTANT: If Item 21 is marked or Item 18

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1					STATI	E OF MARYLAND						
1-	FOR STATE REGISTRAR		37.			EALTH AND MENTAL HYG ICATE OF DEATH	0	REG. NO.		9 4	4	4
	CEASED NAME	FIRST	٨	NODLE	LAST			ATH MONTH	DAY	YEAR	2b. HC	UR
1,	on many	Char	104		Schu	partz berg		81	1	80	314	19/A
3 SE	K	- 1	4 RACE		5 DATE C		& AGE (IN YEARS	LAST BIRTHDAY]		UNDER I YEAR		ER 24 HRS
1	nala	ala white			MONTH	3 - 15 - 9 8		81 48	-	THS! DAYS	HOURS	WW
7a 81	RTHPLACE (STATE OF FE	DREIGN	A CITIZEN OF	WHAT COUNTRY?	B.	_ 13 18	9 BALTIMORE			FDEATH	1	
C	ichmond Va		USA			NEVER MARRIED		e Arund		inner:	7	00.4
	TY OR TOWN OF DEA			OSPITAL NURSIN	WIDOWE G HOME C	D DNORCED DROTHER INSTITUTION	12e USUAL OCC		ET	12h KIND C		OB LM NESS OF
			(IF NOT IN SUC	H FACILITY, GIVE STREET	DDRESS		(TYPE OF WORK FOR		4G LIFE]	INDUSTRY		
LICIL	Annapoli			Arundel		al Hosp.	Salva	ge Co.		owner		
13a. S	STATE	136 COUN		13L CITY OR TOWI		134 INSIDE CITY LIMITS?	13. STREET ADD	RESS				
	Md.	Α.	A.Co.	Annapo	lis	YESXX NO [est St.			163	1
14. FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA		IDDLE		LAS	ST	
	Morris So			eng,	Rachael					Coher		
	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS				
{/	Ves, no or unknown)	WW	WAR OR DATES)	220-03-2	056	Margaret So	chwartzhe	ang gam	e a	9 130		
						That Bar C b	ciiwai ozo	or 6 Duni	0 4.		ONSET AN	ERVAL
	PART I. DEATH W	AS CAUSE	y one cause per DBY	line for tel, (b), and	*/ - O C	son of Par	10/005			OR I WEEN	ONSET AN	ID DEATH
	1 10 pag 10	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma of Pancillas								7	(duy	
	15/19	DUE TO, OR AS A CONSEQUENCE OF										
	Canditians, if any		(b)							-		
	cause (a), statir	g the	the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause	derlying cause last										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
NO.												
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	R WHICH OPERATION WAS PERFORMED					VERE FINDI		
Ĭ.								YES NOT YES T			NO NO	
E .	21a ACCIDENT WAS UNI	DERLYING T	ERLYING TO 216. TIME OF INJURY			21c HOW INJURY OCCUR			A 18, PART	1 OR PART 2)		.7
	OR CONTRIBUTING				Y YEAR							and
2	(IF EITHER NOTIFY MEDIC		P./		19	211 LOCATION					1	-
MEDICAL	21d, INJURY OCCUR	HILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CIT	YORTOWN		COUNTY		STATE
_	AT WORK AT WO	ORK -		1		7/2 2/		2/_		2		
	22s 1 certify that (I)		/		X /)	110 1900	, ta	0//	, 19	00		(we) la
	saw the deceas abave, (1) (wd) (ed alive an did) (did na) view the bady	afre) death.	or ar	nd that in (my) (our) apinian	death accurred o	n the date and	haur a	nd fram the	couses	stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23L NAME OF CEMETERY OR CREMATORY

226 ADDRESS

DEGREE

ATTENDING PHYSICIAN

Annapolis Md

STATE COUNTY

221 DATE SIGNED

Buria! 24. FUNERAL DIRECTOR Hardesty Funeral Home 12 Ridgely Ave. Ann. Md

226 SIGNATURE

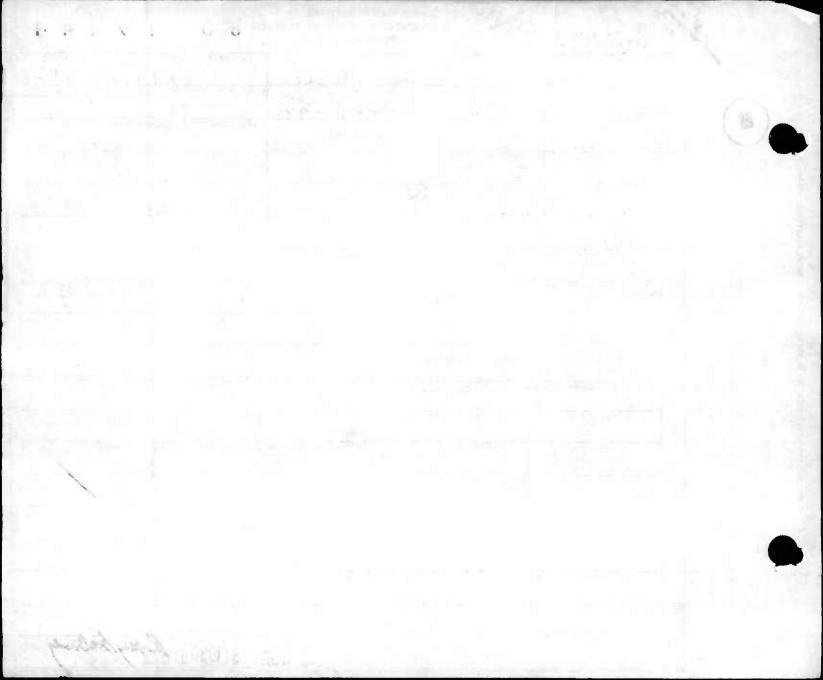
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Kneseth Israel

250. DATE REC'D. BY REGISTRAR 254

MEDICAL STAFF

DHMH-16 25M (VRA 15, 4) 1/79



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be executed within 24 hours after

TD HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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4		1. DE

STATE OF MARYLAND

3	0	9	63	4	
	REG. NO.				

	1 -	FOR STATE REGISTRAR		REPARTI	CERTIFICATE OF DEATH REG. NO. 194						4	5
		CEASED NAME FIRST		MIDDLE		AST	, ,	2e. DATE OF DEA		DAY YEAR	26. HOUR	
		Elsie	E			hwere	1+		8 .	29 80	11	9-M
į	3. SE)	F	Cave	295191	S DATE C	DAY	YEAR	6. AGE JIN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAYS	HOURS	MIN
9	70. BI	RTHPLACE (STATE OR FOREIGN NEW YORK	16 CITIZEN OF U,S	what country? , A ,	MARRIEI WIDOWE	DE DIV	ARRIED ORCED	P BALTIMORE CI		nole /		MD.
3	A	nnapo / 15	A A	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS]	R OTHER INST	TUTION	The USUAL OCCU TYPE OF WORK FOR A HOUSEWIF		LIFE) IZE KIND O INDUSTRY HOUSE		SS OR
5	13a S	AL RESIDENCE I IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	N /		NO 🗌	13. STREET ADDR	ESS Fai	irview	Av	e
C	14. FA	Jacob	MIDDLE	Muller	- 16	is mother's Mar		MIDI		Hoffman		4404
	láa V	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	083-12		17 INFORMAN Virgi		ing 682		map oli s i ew Ave.	1d. 2	7401
		18 CAUSE OF DEATH IEnter of PART I. DEATH WAS CAUS! 1539 Conditions, if ony, which gove rise to immediate cause to its stating the underlying cause lost.	DUE TO, O	R AS A GONSEQUI	PH PH	nosis	Dur - cut	ng+	Live		MATE INTERV	JEATH
	NOIL	PART 2 OTHER SIGNIFICANT	num	sion								
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FÖR WHICH	OPERATIO	N WAS PERFOR	RMED	YES NO	IN CERT	YES, WERE FINDING TIFYING CAUSES YES [H?
1		210: ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINES	ATH HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18	8, PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATIO STREET	N 03	CITY	OR TOWN	COUNTY	STA	TE.
		27a.1 certify that (1) this haspital) attended the deceased from 19 0, to 19 0, to 19 0, that (1) (we) lost to the deceased give an 19 0, and that (1) (my) (aur) apinion death occurred on the date and hour and from the causes stated above (1) see (idial) did not view the body after death.										
		12h SIGNATURE	CPEN	mon	ns	P	TENDINO HYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	22c. DATE	SIGNED	182
1		THE PROSICIAN SHAME (TYPE	OR PRINT)	Aman	NS	120 ADDRESS	16	Fous	+ A	ine		
		SURIAL, CREMATION REMOVAL	23h. DATE 8-30-	30 ²³ c	NAME OF C	METERY OF C	REMATORY metery	234 LOCATION CITY ON COM	hingtor	1 COUNTY D.C	. STAT	TE 3

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

74 FUNERAL DIRECTOR
NAME
T.A. Hardesty

Annapolis Maryland 21401

SEP 3 1980

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		I	tems #586 Film	G546 8/21/80 rc	STATE OF MARYLAND		
			FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	19446
Sxr.			CEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
400			AM	ES F	SEGER	08/09/8) /
AND		3. SEX	1	4 RACE	5. DATE OF BIRTH 1923	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
-		/	lale	White	4-26-1900		YRS.
in 72 ho			RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	rundel Mo
by the fu filed withi		10. CI	Pona colis	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	RINGLIFE) 126. KIND OF BUSINESS OR INDUSTRY Construction
in be f		USU/ 13a. S	L RESIDENCE (IF NURSING HOME OR	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	illa est Poli
sho t		14 E A	THER'S NAME	H. Mrnole	YES NO P	1270 /41	Heresi No.
and 2 s	120	14. FA		MIDDLE LAST Seger	PRST	MIDDLE	Wilson
n and co Pages 1	1		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	17. INFORMANT 1-9697 Patricia D.	Secer -	Sec / 7
0 S 0		-		nly one couse per line for (a), (b), and		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physici npaper maval.		98	PART I. DEATH WAS CAUSE	D BY:	air arres	4	mountes
ding arba ar re			4595	DUE TO, OR AS A CONSEQUE	NCE OF	In A South	
ave o			Conditions, if ony, which	(16) arterios		iovasculer cli	rease Years
by the asse remains or cremains ather tr			gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	NCE OF		
n signed b Then pleas ta burial,		z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	<u>PEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)
- 0 - ×		CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
n. has be ne pr	2	IFIC				YES NOW	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
hysicia icate l ransit Hygie 18 sho	0	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN IT	
rriffic al-tre utal H	7		OR CONTRIBUTING CAUSE OF DEA		Y YEAR		
trending plant this certificate burial-tand Mental ced or Item		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f. LOCATION	CITY OR TOWN	COUNTY STATE
Il ar a R: Afte use as fealth			22a.1 certify that (1) this hospi	ital) attended the deceased from	about Jan 1978	to July	
Spito CTO CTO for of h			sow the deceased olive on obove (f) (we) (did) (did no	Ni view the body ofter death.		death accurred on the date a	nd hour and from the causes stated
the har AL DIRE letached ate Dept.	V 1		SIGNATURE	Cha	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S/11/80
retained by TO FUNERA should be de with the Stal			James	Chacon	22e. ADDRESS	itchie Hu	y Arnold mal
Sho To sho			URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION City or town	COUNTY STATE
BP		(Burial	8-12.80	Villerest Cem.	Annapol	1. 11 117
H-16 50M 7/77		24. F	INERAL DIRECTOR		-or Ritchiette 3500	TE REC'D. BX REGISTER R 256. F	EGISTRAPIS SIGNAL
(VR A 15 (4))		/	abert 5.Bo	arranco Seve	ma Park		*

AMO LOS ESTADOS ESTADOS COMAS Tale 12/11/2 4-22-4000 == 60 11/11 Iswa - USA Pone Friender Grageria Some Rounde Gen Hosp Thompson Time Courter 1.00 120 14 Land + 1230 Hillerest Re David B Seger May F Wilson 423 WILLE 479-097297 Since O Sever Soc 13 The second of th grasy with described introduction TO BE THE GOVERNMENT OF 28/11/8 - 1-2 - 2 - 13 am Summer Character 1521 Perform Hay Annala Will Burnel 812 50 Hillerest Tem reformation the Asia S Louis Adders & Sammare Secure TO HOSPITAL ON ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after

		FOR	DEPAR	STATE OF A	AARYLAND H AND MENTAL HYG	IENE Q ()	110	4 4
	1 -	STATE REGISTRAR		CERTIFICAT	E OF DEATH	REG. N	. 1 9	D.S.T.
1		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY Y	EAR 2b. HOUR
	(I TPE	BERTHA	Eileen.	SLOTTER	BACK		8 17 9	80 6:00 A
	3 SE)	(4 RACE	5 DATE OF BIRT		& AGE (IN YEARS LAST BIR		
once.		Female	White	April	12 1913	67	YRS.	DAYS HOURS MIN
at o		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1		9 BALTIMORE CITY		тн
100 C	Pe	nnsylvania	U.S.A.	WIDOWED	DIVORCED	ANNE ARUND	EL COUNTY	
to De not	10 CI	TY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURS	ING HOME OR OTH	HER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF HOMEMAKE	OF WORKING LIFE) INDU	IND OF BUSINESS C
and C	13a S	TATE 1136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ORE ADMISSION) WN 1136 II	NSIDE CITY LIMITS?	IBR. STREET ADDRESS		1
E/2		a.	Shamol		OTHER'S MAIDEN NA		Coal St.	
the medical examiner must be notified at once.	14 FA	Charles	Witman Witman		Pauline	MIDDLE	Weidenba	acker
e med		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		IFORMANT	ADDR	Kiviera	a Bch, M
event, the		no	170 21	+ 6099 P	auline Mo	yer 114 (Coralwood	Rd.211
prior to burial, cremation, ws any injury, or other trains	CERTIFICATION	cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 17a DATE OF OPERATION	DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO TIPS CONDITION FOR WHICE	DEATH BUT NOT	met	INAL DISEASE OR CON	206. IF YES, WERE I	FINDINGS USED
shows	IIFIC	E COLUMN TO THE REAL PROPERTY.				YES NO	IN CERTIFYING CA	NO T
Mental Hygiene prior to		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	NJURY OCCURR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PA	URT 2)
th and M marked	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	La Coun	TY STATE
of Heal			ital) attended the deceased from	and the	in (my) (aur) apinian (death accurred on the d	ate and have and fra	, (1) ()
with the State Dept. of		THE SIGNATURE	lom	PEGA	ATTENDING A	MEDICAL STA DIRECTOR PHYSIC	FF	DATE SIGNED
with the State D			AN, M. D.		GLEN I	OAKWOOD ROA	-)61
· s =	15	urial, cremation, removal Burial	8/20/80 S	t. Edwa		234 LOCATION CITY OR TOWN Shamoki	n, Penns	sylvania
16 25M , 4) 1/79		eorge J. Gon	ce 4001 Ritch	alto 21 ie Hgwy	AUG	18 1980	256 GISTRAR'S SI	GNATURE

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DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medit

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DE	PARTMEN	T OF	HEAL	TH	AND	MEN	IT
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- STATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG. NO.	19	4 4 8		
DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR	26. HOUR DS		
CHA	RLES	0.	S	MITH	AUGUST 15, 19	980	5:35 PM		
3 SEX Male	4 RACE	hite	5 DATE (H DAY YEAR	& AGE (IN YEARS LAST ORTHDAY	MONTHS OA	EAR IF UNDER 24 HRS AYS HOURS MIN		
7e BIRTHPLACE (STATE OR FOREIGN	Zh CITIZEN OF	WHAT COUNTRY?	11		9 BALTIMORE CITY OR C	VRS.	1		
Md.	US	A	WIDOW		ANNE ARUNI				
GLEN BURNIE	(IF NOT IN SUC	HOSPITAL, NURSINI HFACILITY, GIVE STREET A H ARUNDEL	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Planning	RKING LIFE! INDUST	id of Business or TRY Dunty Gov		
USUAL RESIDENCE (# NURSING HO) 130. STATE 13b C Md.	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Gambr	V	134. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS P.O. Box 52				
14 FATHER'S NAME FIRST Charles	MIDDLE B.	Smit	h	15. MOTHER'S MAIDEN NA FIRST Mary	WE	1-10	LAST		
160 WAS DECEASED EVER IN U.S. 1485, NO OR UNKNOWN] (1F YES	. ARMED FORCES? , GIVE WAR OR DATES!	166 SOCIAL SECUI 218-09-1		17 INFORMANT	ADDRESS				
underlying couse lost	part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				Tally Gral'S INAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				
F					YES NO	YES [NO [
CO CONTRIBUTING TO CAUSE O	F DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART	2)		
THE ETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
22a L certify that (I) (this h saw the deceased aliv obove, (II) (we) (did) (ds			×0.0	nd that in June (our) opinion	. to death occurred on the date of				
22b. SIGNATURE	> 5	> '	2		MEDICAL STAFF DIRECTOR PHYSICIAN	- 0	\$16/80		
DALJIT S	SAWHNEY,	M.D.		220 ADDRESS 20'S	5 BALTIMORE-AN EN BURNIE, MAR		BLVD. 1061		
230 BURIAL, CREMATION, REMO (SPECIFY) Removal	VAL 236. DATE	43	AME OF (EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
24 FUNERAL DIRECTOR Anatomy Boar		alto., Md		25e. DAT	E REC'D. BY REGISTRAR 256.	REGISTRAL'S SIG	tollredy		

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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after uesting retained by the hospital or attending physician.
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76. BIRTHPI COUNTRY Wa 10 CITY OI STATE Wa 14 FATHER JO 160 WAS E (YES, NO NO	Dorothy ale LACE STATE OR FORESON 76 C Sh., D.C. R TOWN OF DEATH 11. A SIDENCE (IF NURSING HOME OR OTHE [13] COUNTY Shington, D.C.	Black USA NAME OF HOSPITAL, NURSINN IF NOT IN SUCHFACILITY, GIVE STREET A Anne Arundel FR INSTITUTION, GIVE RESIDENCE BEFORE 13c CITY OR TOWN 15 FORCES? 16b SOCIAL SECUR 578 38 The cause per line for 101, (b), and	WIDOWED GONE OR OTH HOSPIT HOSPIT NO 17 IN 18197 Mr	DE CITY LIMITS? NOTHER'S MAIDEN NA FAST GETTUC		1, 1980 HDAY) FUNDE MONTHS PROUNTY OF DE A A C O ON FAVORKING LIFE) Tatoga TS SSS	EATH KIND OF BUSINES DUSTRY AVE., N.
Fem 76. BIRTHIP COUNTRY Wa 10 CITY OF 130 STATE Wa 14 FATHER JO 160 WAS D (YES, NO NO 18 P)	ALACE ISTATE OR FOREIGN Sh., D.C. RTOWN OF DEATH ANDULT Shington, D.C Shington, D.C Shington, D.C Shame MIDDLE SHINGTON SHINGT	Black USA NAME OF HOSPITAL, NURSINN IF NOT IN SUCHFACILITY, GIVE STREET A Anne Arundel FR INSTITUTION, GIVE RESIDENCE BEFORE 13c CITY OR TOWN 15 FORCES? 16b SOCIAL SECUR 578 38 The cause per line for 101, (b), and	MARRIED WIDOWED OF HOSPIT HOSPIT ADMISSION) RITY NO. 17 IN 8197Mr	DE CITY LIMITS? NOTHER'S MAIDEN NA FAST GETTUC	120 USUAL OCCUPATION OF ROTTING RECTIFE 130 STREET ADDRESS 1430 Sa ME Strothe ADDRE	YRS. MONTHS PRODUNTY OF DE A A C O ON IZE FLYORKING LIFE) ND Tatoga TS SSS	AVE., N.
USUAL RE- 13e STATE Wa 14 FATHER JO 16e WAS C (YES, NO NO	Sh., D.C. RIOWN OF DEATH SIDENCE (IF NURSING HOME OR OTHER 131 OUNTY Shington, D.C S NAME harst James MEDILI CECEASED EVER IN U.S. ARMED OR UNKNOWN) AUSE OF DEATH (Enter only on PART 1. DEATH WAS CAUSED BY IMMEDIATE CA	USA NAME OF HOSPITAL, NURSING TE NOT IN SUCH FACILITY, GIVE STREET A ANNE ARUNDEL ER INSTITUTION, GIVE RESIDENCE BEFORE 1131, CITY OR TOWN LAST PFORCES? 1466 SOCIAL SECUR 578 38 The cause per line for (a), (b), and	WIDOWED GONE OR OTH HOSPIT HOSPIT NO. 17 IN 8197Mr.	DNORCED SER INSTITUTION al ISIDE CITY LIMITS? NO DTHER'S MAIDEN NA FRIST Gertruct FORMANT	120 USUAL OCCUPATE (TYPE OF MOST OF RETITE) 130. SIREET ADDRESS 1430 Sa ME MIDDLE ADDRE ADDRE	A A COON 1712 IND COOK IN THE STATE OF THE S	Ave., N.
USUAL RE: 130 STATE Wa 14 FATHER JO 160 WAS D (YES, NO) 110 C	SIDENCE (IF NURSING HOME OR OTHE 13) COUNTY Shington, D.C. S NAME https://doi.org/10.1001/10.	FORCES? 146 SOCIAL SECUR FOR DATES) 150 SOCIAL SECUR 150 SOCIA	ADMISSION) ADMISSION) 13 M PITY NO. 17 IN 8197Mr	al ISIDE CITY LIMITS? NO DTHER'S MAIDEN NA FREST Gertruc FORMANT	INPE OF MORE FOR MOST OF RETITE 130. STREET ADDRESS 1430 Sa ME MDDIE ADDRE ADDRE	ratoga	Ave., N.
136 STATE Wa 14 FATHER JO 160 WAS D (YES, NO) 10 P	Shington, D.C. Shame hn Tames MIDDLE DECEASED EVER IN U.S. ARMED OR UNKNOWN) GREATH LENTER ONLY ON ART 1. DEATH WAS CAUSED BY IMMEDIATE CA	FORCES? 166 SOCIAL SECUR 578 38	N 13d. II YES 15 MI 8197Mr:	OTHER'S MAIDEN NA FARST Gertruc FORMANT	1430 Sa ME de Strothe ADDRE	rs	9 Chapl
Joint WAS DE (YES, NO NO)	CECEASED EVER IN U.S. ARMED OF UNKNOWN) IF YES, GIVE WAR WART 1. DEATH WAS CAUSED BY IMMEDIATE CA	FORCES? 14% SOCIAL SECUR 578 38 the cause per line for (a), (b), and	RITY NO. 17 IN 8197Mr:	Gertruc FORMANT	de Strothe	SS	9 Chapl
(YES, NO nO	AUSE OF DEATH (Enter only on PART). DEATH WAS CAUSED BY IMMEDIATE CA	578 38	8197Mr				
4	PART 1. DEATH WAS CAUSED BY IMMEDIATE CA	Ca. de					
PAR	derlying couse last T 2 OTHER SIGNIFICANT CONI	Charles of the latest and the latest		ELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN F	PART I/o
CERTIFICATION 510° C		196 CONDITION FOR WHICH O	OPERATION WAS	PERFORMED	20e AUTOPSY?	200. IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATH NO
	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DEATH STHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.		IOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR	PART 2)
WHI AT WE	ILE NOT WHILE	214: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	OCATION STREET	CITY OR TOW	vn cou	UNTY STAT
	certify that (1) (this haspital) of saw the deceased alive an obove, (1) (we) (did) (did nat) vie	8/25 108			death occurred on the do	ate and haur and fr	ram the causes state
	SIGNATURE MOR FON PHYSICIAN'S NAME (TYPE OR PRIN)	Kavale	DEGRE	ATTENIDING	MEDICAL STAF	F	9/2/80
/	Morton A	KAVALIE	R	1145	19 H St.	N.W	WOSH
Bur	11/1	Sept 5/198	1		orial Park te REC'D. BY REGISTRAN		over, Mai

BP. DHMH-16 25M (VRA 15, 4) 1/79

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-	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or-Item 18 shows any injury, or other traumatic event, the medical

MEDICAL

notified at once

STATE OF MARYLAND

FOR STATI	E STRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		9	4 5	ST
1. DECEASEI		ST	WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEA	2b. HC	UR
(TITE ON PRINT)	ELI	SHA 1	۲.	SMI	TH	AUGUST	24.	1980	111	:00%
3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 Y		ER 24 HRS
	Male	Whi	te	2-16	-1898 YEAR	82	YRS.		AYS HOURS	MIN
COUNTRY)	ACE (STATE OR FOREIGN	N 76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF ANNE AR	UNDE		NTY	MD
IN CITY OR	N BURNI	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVESTREET RTH ARUN	ADDRESS]	HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF leter Read	WORKING !		of BUSI	_
13e STATE		OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW Len Bu	N	134. INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDRESS 7859 (nil	Ley F	Road	1	
14 FATHER'S	S NAME FIRST aul	MIDDLE	Smith		15. MOTHER'S MAIDEN NA. Minie	MIDDLE	Ĥ,	Hi	cks	
		S. ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRI	SS			
A	0	ES, OIVE WAR OR DATES	280-05-4	4993	Mrs. Elizabe	eth Smith S	ame o	rs #13		
	ART I. DEATH WAS	nter only one cause pe CAUSED BY. NEDIATE CAUSE (a)	Ine far (a), (b) and	dici,in/	respiratory	arrest		8ETW	POXIMATE IN FEN ONSET A	ERVAL ND DEATH
5	02-		R AS A CONSEQUE	ENCE OF	ne de ton	Lulare				
gave		ate)	OR AS A CONSEQUE	ence of	selessis	- Z PMF			11	
	2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO D	V DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	IVEN IN PAR	T I(a)	
THE THE TIES OF TH	ATE OF OPERATION	196 CONE	OTION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERT	ES, WERE FIN IFYING CAU IES		ATH?
21a. A	CCIDENT WAS UNDERLY	NG 216. TIME	OF INJURY	VF.46	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART	2]	

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC (COUNTY NOT WHILE WHILE AT WORK

220.1 certify tha ((1) (this hospital) attended the deceased fram that (1) (we) last 22 saw the deceased alive on \$ /22-abave (1) (we) (did)(did not) view the bady after death. and that in (my) aur) apinian death accurred on the date and hour and from the causes stated

276 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 12

22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OF PRINT)

Ritchie Kung, 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY

Burial Pk. Haven 24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE

ully Funeral Home

1980

DHMH-16 25M (VRA 15, 4) 1/79

TO HOSPITA

U.C. VIII U U DIMENDO SLISHW K. SMITH S AUGUST 24, 1980 [15:00 TUHO LEURURA LEUF LEV BURNIE WORTH ARUNDEL HOSPITAL SYSTEMS - IL. VERLEW. Table 15 _-- Subt 1 / Vanis --- Sub Subs The contract of the said of the said of the said and the corner to some the first war as one . All the signed by the ottending physician

4	-	FOR - STATE		DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 O	1 (9 4	5 1		
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).	•			
		CEASED NAME FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
		MAX			SOLO	MON		8/20	180	10:10 PM		
	3. SE	X	4 RACE		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT		NIHS DAYS	IF UNDER 24 HRS HOURS MIN.		
		MALE	WHI	TE	JAN	. 31, 1915	65	YRS.				
1		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OF	§ COUNTY O	FDEATH			
2	10 C	MARYLAND	US.		WIDOWE	DR OTHER INSTITUTION	ANNE ARUI		OUNTY	MD,		
12		ANNA DOLLTO	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	OF BUSINESS OR		
		ANNAPOLIS AL RESIDENCE (IF NURSING HOMEOR		ARUNDEL H		AL	MOLD MAKE	R	GLEN	L. MARTI		
35	13a. S	MARYLAND QUEEN	TY	STEVENSV	Ν	13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS ROUTE #3,	BOX 49:	1	#21666		
2 0	14. FA	ATHER'S NAME	MIDDLE	LAST	7	15 MOTHER'S MAIDEN NA/	ME		ŧ AS	it is		
10		ABRAHAM		SOLOMON		MARY			COOPE			
7	16a V	MAS DECEASED EVER IN U.S. AR, YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b SOCIAL SECU	RITY NO.		. TERRY DEM		19 CIN			
1		NU		5(2011	111	CIR., APT. 2	-A, RANDALLS	STOWN,				
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	y one couse per	line for (a), (b), one	Humi				100	ONSET AND DEATH		
		ILCA I IMMEDIAT		Judden								
	776 - DUE TO, OR AS A CONSEQUENCE OF									Ann		
		Conditions, if ony, which gove rise to immediate	(b) Nous responsing failed						01/2	9)		
		underlying couse lost.	DUE TO, O	R AS A CONSEQUE					1/ Lon	4- Stavling		
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	01		
	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
-	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		NGS USED OF DEATH?		
1	TIF		-		3	Seed	YES NO	YES [NO [
10	-	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME C	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)			
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		м.	19							
	AED.	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION STREET	CITY OR TOW	٧N	COUNTY	STATE		
		AT WORK NOT WHILE AT WORK		1.1		10/30	0/	7.71	-	_		
		22a.l certify that (I) (this hospin saw the deceased alive on		F/20 19 8	, or	nd that in (my) (our) opinion o	death accurred on the do	te and hour o	nd from the	that (I) (we) lost couses stated		
		The SIGNATURE	5/2 5	*		DEGREE	1		22c. DATE	SIGNED		
		/ou	Kris	V	04	ATTENDING PHYSICIAN L	DIRECTOR PHYSIC		0/2	980		
1		DR. KIM	R PRINT)			ANNE ARUNDI	EL HOSP A	ANNAPOL	IS, M	D		

TO FUNERAL DIRECTOR: After this certificate has been

DHMH-16 30M 2/80 (VRA 15, 4) 6010 REISTERSTOWN RD

IMPORTANT: If Item 21 is should be detached for with the State Dept. of h

dical examiner must be notified at ance

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23b. DATE AUG.22,1980 231. NAME OF CEMETERY OR CREMATORY (ARLINGTON) CHIZUK AMUNO

MARY LAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

23d. LOCATION
CITY OR TOWN
BALT IMORE 250 DATE REC'D. BY REGISTRAR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 power alimin. Page 4 m.
oital or attending physician. ECTOR: After this certificate has been signed by the attending physician and completely filled in the complete of the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should the premium of 72 hours after to of Health and Mental Husines prior to burial cremation or removal.

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IMPORTANT:

George J. Gonce 4001 Ritchie Hgwy.

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DHMH-16 25M

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST ANID DI F LAST 2e. DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTI Sidney M. 1980 Sr. August 16 Stewart IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHDAY) 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR Aug 23, DAYS 1919 60 Male White YRS 7a. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Anne Arundel County Maryland WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY = 266 Creek HOME Office Mgr. Pasadena Blvd. Katcef Bros. USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 1136 COUNTY 1136 CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Pasadena 266 Creek Blvd. Md. A.A. YES [NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Earl Stewart Tracey Bessie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 214 05 0862 Serene Stewart same as 13 W.W. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for tal, (b1, and ici.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS ACONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO YES [NO IT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STREET CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 L certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death) and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME ITYPE OR PRINTI 27e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN COUNTY STATE 8/20/80 Cedar Hill Cemetery entombment Brooklyn Md. A.A. ADDRESS Balto 21225 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTS Howard Wilson Sunday August RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR Male Caucasian 63 April 1917 To BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Anne Arundel County lowa. USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION Ft. Meade, Md. Kimbrough Army Hospital Field Engineer Ft Meade ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Anne Arundel 13e STREET ADDRESS 506 Stanhome Drive Glen Burnie, Md. Mary land Glen Burnle 13d INSIDE CITY LIMITS? filled bold b 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME O FIRST FIRST MIDDLE MIDDLE Henry Olin Sunday lillan ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes/USN (IF YES, GIVE WAR OR DATES) Ret. 1969 478-03-6395 Addle M. Sunday - Wife 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Metastatic bronchogenic carcinoma DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause ď, à PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Then to bu CERTIFICATION Chronic Obstructive Pulmonary Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED bee 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shaws NON burial-transit Mental Hygie certificate 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 20 21e PLACE OF INJURY the b CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that X (this haspital) attended the deceased from sow the deceased alive an 22 August 19.8 above, (1) (we) (did) (did not) view the body after death. August DIRECTOR: 19.80 and that in (my) (our) apinion death accurred on the date and haur and from the causes stated

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

HOURS

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1/2 years

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STATE

/Glen Burnie, Md

IF UNDER 24 HRS

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IF UNDER I YEAR

INDUSTRY

Otterson

COUNTY

22c. DATE SIGNED

19.80

should be detached f with the State Dept. o IMPORTANT: If Item 2 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN Aug 80 PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OR PRINT 22e ADDRESS John Adams, Kimbrough Army Hospital. 236 August 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 1980 Arlington Nat. Burial Fort Myers Cem 250. DATE REC'D. BY REGISTRAR 256. 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Singleton Funeral Home. ADDRESS (VR A 15 (4)) Glen Burni

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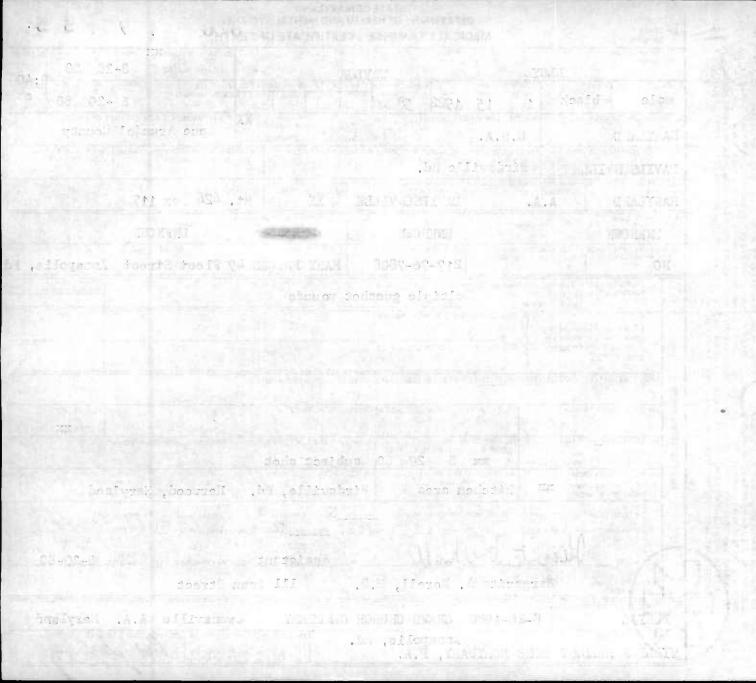
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11-	FOR STATE				HEALTH	ARYLAND AND MENTAL I	HYGIENE		9	4 5	4
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	nale w	hite J	an. 19,	1953 27 y	EARS IF UNI		MIN. PRONOU DE AI	NCED	8 2		2d. HOUR 8:52/P
5 FO	RTHPLACE (STATE OR REIGH COUNTRY) Md • ITY OR TOWN OF DE		U.S.A.		WIDOWE		RIED .	ne Ar	undel	County	
Se	evern Area	- 01	Kimbrou	igh Army H	lospit		Carpent	RKING LIFE)	Co	or indust	tion
	AL RESIDENCE (IE IN N TATE Md.	13b. COUNTY	R INSTITUTION, GIVE I	Severn		13d. INSIDE CITY LIMITS? YES MO	Rt. # 3	Box	574		
No 16a V	ATHER'S NAME FIRST OAH WAS DECEASED EVE ES, NO, OR UNKNOWN) YES		ORCES?	Swindle 16b. SOCIAL SECURI 215-56-8	TY NO.	15. MOTHER'S MAID Azalee 17. INFORMANT	Swindle			well ss Sai	me as
,	Canditions, if gave rise to cause (a) statin lying cause las	MAS CAUSED BY: IMMEDIATE CAU any, which immediate g the under- t.	USE (o) Mu DUE TO, OR AS (b) DUE TO, OR AS (c)	Iltiple in S A CONSEQUENCE S A CONSEQUENCE	OF	S OB CONDITION GIVEN IN P	ARY I (a),			APPROXIMAT	T AND DEATH
MEDICAL CERTIFICATION	190. DATE OF OPER			ON FOR WHICH OPE						20. AUTOPSY	? NO 🗆
MEDICAL CERT	210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH		NJURY MONTH DAY YEA 8/27 198 INJURY (ATHOME.	0 dr:	Lver of mo					truck
MEG	WHILE NO	T WHILE XX	roadwa	Y, FARM, ETC.)	ST	te170/01dM	MillRoad, S		rea, AA		STATE
2	22a. 1 certify tho death resulted fro ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	m: Notice Cou	Creu	bed above, held on scident . Succident . S		Hamicide TITLE (SPECIFY) D. Assistan	Undetermined m	MINER	DATE SIGNED.	8/	/28/80)1
0	Buris UNERAL DIRECTOR		·2-80	Ft. Lir		Ceme tery	23d LOCATION city or fown Brenty		P.	Tra Character	ja.
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STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directional defined the definition of the filled within 72 hours with the start defined within 72 hours with the start definition and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8	Ü REG N	10
DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH	M
(TO SATKING)	PEARL	I	THOMAS			
D CEM	14 DAGE			L ACE		

WILLIAM REESE & SONS MORTUARY, P.A.

	FOR STATE REGISTRAR		CERTIF	FICATE OF DEA	NTAL HYG ATH	REG NO		9 4	5 6
	CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	PEAI			IOMAS			8	23 80	9:37 pt
3 SE		4. RACE	5 DATE (OF BIRTH H DAY	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
	F	N	NO	V 21	11916	63	YRS		
	STATE OR FOREIGN EQUINTRY) MD	US	Y? 8 MARRIE WIDOWI	D NEVER MA	RRIED .	9 BALTIMORE CITY O	_	Y OF DEATH	M
10. €	FT MEADE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE KIMBROUGH A	EET ADDRESS)	OR OTHER INSTITU	NOITU	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	ON		OF BUSINESS OF
USU. 13a S	STATE 13b COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEF- INTY 13C CITY OR TO ARUNDELANNAPOL	NWN	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS 910D ROYA	ST.		
14 FA	ATHER'S NAME MANSFIELD	MIDDLE LAST MAS	ON	15 MOTHER'S M FIRS EM	T			ROLL "	L _g
160 \	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SECULAR SECULA		CAROL O		700 BES		E RD AN	NAPOLIS
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEO (b) ACUTE M DUE TO, OR AS A CONSEO (c) DIABETIO	.I.	ASHD	AI. FAI	LURE		6-DA	YS ears
NO.	PART 2 OTHER SIGNIFICANT RENAL F	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0 1
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	NED	YES NON	IN CERTI	S, WERE FINDI FYING CAUSES ES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR		RY OCCURR	RED (ENTER NATURE OF INJUR			
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
	sow the deceased alive a	n 8-23 19	8-23 80		19 <u>80</u> or) opinion o	, to <mark>8 2.3</mark> death occurred on the do			that (I) (we) lo couses stated
	SIGNATURE)	blamb 1	1		ENDING YSICIAN	MEDICAL STAF	F IAN X	22t. DATE	SIGNED
1	JOHN D. A			22e ADDRESS KIMB	ROUGH	ARMY HOSPI		-3.11	
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250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

1980

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24 FUNERAL DIRECTOR

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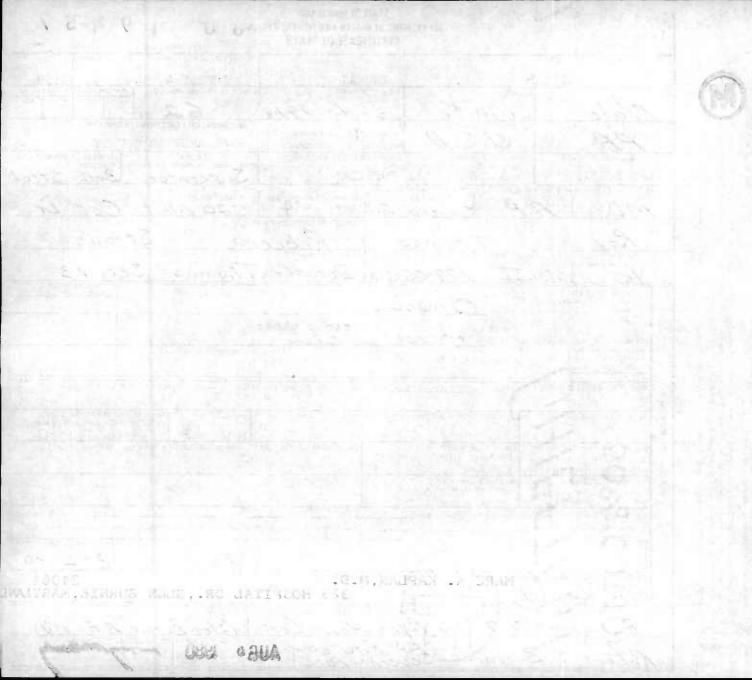
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dear	
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4		It 1-	em 18b G547 9/8 FOR STATE REGISTRAR		E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENES O	1 9 4 5 7.
		1. DE	CEASED NAME FIRST OR PRINT)	WIDDLE	AST	20. DATE OF DEATH	201
å P		(ITPE	WILLIAM	M. THO	MAS	AUGUST 4	4. 1980 8:50 Å
o m		3. SEX			OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
8 63			Male	White 3.	4-1918	63	2 YRS
rol di 72 hay	5 6		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
	00		PH.	(1.). //- WIDOWE			DEL COUNTY MD.
5 0 =	54	G	LEN BURNIE	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL HOSPIT		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
n 24 hav filled in hould be	85	13a, S	MD. 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN SELECTION LOCK	YES NO TO	13e STREET ADDRESS	hite Oak Dr.
ted within	20 20	14. FA	THER'S NAME	Thomas	15 MOTHER'S MAIDEN NAM	Ca	Strous
be executed on ond constant of the second con	medicol		(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W/		Dorothea	Thomas	- Sec. 13
quires that the death ce signed by the attending hen please remove carb	injury, or other traumatic event, t	NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost.		Uller		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0)
an. Der	shows any	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO S	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
Phys Phys I-frag	18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
	rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
ATTENDING aspital or att ECTOR: After d far use as t t af Health o	S mo		22a.1 certify that (1) (this hospital)	ottended the deceased from	. 19	, to	, 19, that (I) (we) last
Sprita Sprita CTOF of H	121		saw the deceased alive an above, (1) (we) (did) (did not) v	iew the body ofter death.	d that in (my) (our) opinion d	eoth occurred on the da	te and hour and from the causes stated
OR POR	Hen	Н,	22b. SIGNATURE		DEGREE	MEDICAL STAF	22L DATE SIGNED
SPITAL J by th VERAL be deto					ATTENDING PHYSICIAN	MEDICAL STAF	AND 8-6-80
TO HOSPITAL retained by th TO FUNERAL should be deto with the Stote I	MPORTANII		Mr. Kas Va	MARC A. KAPLAN,		CAL DR., GL	21061 EN BURNIE, MARYLAND
Te re x	<u> </u>	23a 8	URIAL CREMATION HE NOVAL	0 .	EMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN	COUNTY STATE
BP			Burial	8.7.80 Glen	Haven Gem.	Glens	yonie A.A. MY).
DHMH - 16 50M 7/77 (VR A 15 (4))		24 FU	Pobert S. B.	arranco Severno	Tesie Miss	Bo 1980	25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funstheold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PHYSICIAN: The law requires that the death certificate be

STATE OF MARYLAND			
PARTMENT OF HEALTH AND MENTAL HYGIENE	8	0	1
CERTIFICATE OF DEATH		REG. NO.	

150		REGISTRAR	FIRST	·	CER	TIFICATE OF DEATH	REG. N		DAY YEAR 26
		CEASED NAME	ilizab		WIDOLE 7	OLSON	20. DATE OF DEATH	MONTH 19	7 1980 1
	3 SEX	F	4.5	RACE		TE OF BIRTH ONTH DAY YEAR 10-12-24	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR IF
		RTHPLACE ISTATE OR	FOREIGN 76		2 A	RRIED NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH
53		Annapoli.		IF NOT IN SUC	HOSPITAL, NURSING HOME HEACHITY, GIVE STREET ADDRESS!	General	120 USUAL OCCUPAT TYPE OF WORK FOR MOST O		12h. KIND OF B
35	USUA 130 S MAF	AL RESIDENCE IN NU TATE YLAND	136 COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSI 130. CITY OF TOWN ANNAPOLIS	ON) 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1420 Log	Inn Ro	ad
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9	TIFICATION	gove rise to in cause (a), stol underlying cau	mmediote ting the se lost.	DUE TO, OI	AR ARPORAS A CONSEQUENCE O	BUT NOT RELATED TO THE TERA	VINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDINGS
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Y the hospital Y the hospital RAL DIRECT detached for elaste Dept. of	IT: If Iten		22b. SIGNATURE	(3rd nat) view the bad	MM.	/	DEGREE ATTENDING PHYSICIAN F	MEDICAL STA		22c. DATE 5	2/80
TO HOSPITAL retained by the TO FUNERAL should be detactivity the State	MPORTANT: If Item		JUAN BE	LTRAN M.	. D.		22. ADDRESS 1850	WEST BAL'	TIMORI		
TO TO shoot	≥	(BURIAL, CREMATION, REM	NOVAL 236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
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ANNA ELIZAGETH TOTAL AUGUST 12, 1880

FEALURE WILLE NOVEMBER 7, 1919 SIXTY

THE REMARKS THE THE WAY OF THE

AMAR VERNORT CORALA

GUEN BURNIE NORTH ARBADEL HOSPITAL

MARYLAND ANNE ARUNDEL GLEN BURNIE = 510 MUNROE CIRCLE

THAY BELTRAN M. O.

1850 WEST BALTIMORE STREET BALTIMORE, MARYLAND 21223

	FOR 1 - STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 0 I	9 4 6 0 D.S.T.
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
(79)	LORET	TA M. TO	JCHARD	AUGUST 12, 198	
93	3. SEX	40	E OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
directa ours afi	Female	White Mar	ch 7, 1896	84 YRS	
the funeral di within 72 hou	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A. WIDO	RIED NEVER MARRIED WED DIVORCED	ANNE ARUNDEL CO	DUNTY MD.
\$ P + 1	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOS	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	126 KIND OF BUSINESS OR INDUSTRY
tely filled in I should be fill examiner mu	Md. I36 COUN		134 INSIDE CITY LIMITS?	130 Carroll I	Rd.
7 90 -10		MIDDLE LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
and 2	Michael	Kelly	Mary	√	Conway
an and co	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 220 30 440		Matzdorf 2991	Dulaney St
physician papers. Pa emoval. tic event, t		ly one couse per lima for (a), (b), and (c).	g Elizabeth	Maczuori 2991	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ive reduites that the beam before signed by the attending phy. Then please remove carbon part to burial, cremation, or remany injury, or other traumatic	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH B	Ventricul porile	Recurrent or tecly crop box. INAL DISEASE OR CONDITION GIVE	
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ECTOR: for use as of Healt	sow the deceased alive on	tol) oftended the deceased fram	, and that in (my) (our) opinion o	death occurred on the date and have	ond from the causes stoted
y the hosp RAL DIR: tate Dept.	22% SIGNATURE	009	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
retained by 1 TO FUNER/ should be de with the Sta	DALJIT S. SAV	WHNEY, M.D.	GLEN BURNIE	RE ANNAPOLIS BOU MARYLAND 21061	LEVARD
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	- 1 1 1-	cemetery or crematory athedral Cem	Baltimore	Maryland
DHMH-16 25M {VRA 15, 4) 1/79	24 FUNERAL DIRECTOR NAME George J. Gono	ADDRESS Balto ce 4001 Ritchie H	21225 250. DATI	REC'D BY REGISTRAR 251 POSIST	

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Female white The control of the c	
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ACTUAL SIGNATURE	8-11-80
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STATE OF MARYLAND

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MED		e PLACE OF INJURY THOME STREET, FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	wn COUNTY	STATE	
	270. I certify that (I) (this hospital) attached sow the deceased alive an above, (I) (we) (did) (did ngt) y	19	nd that in (my) (our) opinion de	, to eoth occurred on the do		that (1) (we) last couses stated	
	27h SKYRATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		20/80	
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NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or them 18 shows any

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician



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FOR

REGISTRAR

EDWARD

4 RACE

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

3 SEX

REG. NO

2b. HOUR

2a DATE OF DEATH MONTH AUGUST 27, 1980

6. AGE (IN YEARS LAST BIRTHDAY)

4:30 IF UNDER 24 HRS IF UNDER I YEAR

YRS. R COUNTY OF DEATH

VDEL COUNTY

12b. KIND OF BUSINESS OR WORKING LIFE) Balto. City

th West Rd.

LAST

13 e ame as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ITION GIVEN IN PART 1(a)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

VOSS

5. DATE OF BIRTH

Thomas

201: IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [

Y IN ITEM 18, PART 1 OR PART 2]

COUNTY STATE _, that (I) (we) last

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#205

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Sh. REGISTRAR'S SIGNATURE

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The motion of the part of the	FIRST 4 RACE	V. UC	TAST 1+SON OF BIRTH THE DAY YEAR	REG. NO. 20 DATE OF DEATH MONTH 8-1 6 AGE (IN YEARS LAST BIRTHDAY)	TEUNDER LYEAR IN UNDER SAMEN MONTHS DAYS MOURS MIN.			
WEDICAL SEQUENCE (III) JOHN 14 FATHER'S NAME MARY I and 14 FATHER'S NAME FIRST JOHN 16 WAS DECEASED II 16 WAS DECEASED II 17 FATHER'S NAME FIRST JOHN 18 CAUSE OF II PART I. DEA Conditions, if gove rise to couse 10., underlying PART 2 OTHER OR CONTRIBUTION OR CONTRIBUTION AT WORK 216. ACCIDENT W. OR CONTRIBUTION AT WORK 220. I certify th saw the de above. (II) 22b. SIGNATUR	OR FOREIGN 76 CITIZEN OF	HOSPITAL, NURSING HOME		9 BALTIMORE CITY OR COUNT Anne Arun 1126 USUAL OCCUPATION	de / M 12b. KIND OF BUSINESS O			
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WEDICAL CENTRIP TO THE STORY SIGNATURE TO Health and Mental Healt	WIDDLE	Amos	IS MOTHER'S MAIDEN NA	ME MIDDLE Ann	Davis			
WEDICAL CERTIFICATION The month of the motion of the moti	VER IN U.S. ARMED FORCES?) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	Velma Drum	mond 8102 Kav	anaugh Rd.			
OR CONTRIBUTING OF CON	significant conditions of	OR AS A CONSEQUENCE OF	rome Fra		VEN IN PART 110 LILLUM SS, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
WHIE ATWORK 120 I Certify the saw the de above. (I) (1) 272b. SIGNATUR	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAI P.M. 19	3		ES NO			
saw the de above. (I) (1)		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
22b. SIGNATUR	t (I) (this hospital) attended to eased alive on e) (did) (did now view the bad	1.0	and that in (my) (aur) apinian	deoth occurred an the date and ho	, 19 , that (1) (we) lo ur and from the causes stated			
22d PHYSICIAN	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
4 O	E H - W	leiss	606 House	emorals foul	-21225			
230. BURIAL, CREMAT (SPECIFY) Burial 24. FUNERAL DIRECTO 7922 W	8/1	5/80 Holly	25a. DAT	23d LOCATION CITYOR TOWN Baltimore TERECTO. BY REGISTRAR LAB ALL JG 15 1980	county state Maryland			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

12 S C 8 - E 1 - S C 2 - E 1 -The state of the second of the 7 25 A 2 40 A 2 40 A 2 40 A 2 4 A 2 Total Committee of the second T. M. Malmadyn Stiff H. S. Sterner Street Security Late Beauty as TO DIE 24 JULY CORRESEM SECTION OF

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITA

Page 4 may be

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tor, pag after de ce.	3 SE	female	race White	MONT		6 AGE (IN YEAR	S LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
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TO FUN TO PUN With the With the IMPORT	23a. 8	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2		CEMETERY OR CREMATORY	23d LOCATH CHYORT	OWN	ryland	MOSTATUS.
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TO HOSPITAL

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n signed by the attending hen please remove carbon to burial, cremation, or r ny injury, or other trauma			Conditions, if any gave rise to im cause 101, statis underlying cause	mediate ng the last	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	feuli myseel	inal Disease or co	NDITION GIV	24 EN IN PART II	horn,
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TOR: use a Heal			sow the deceos above, (I) (we)	ed olive on_	01	190	2 10	nd that in (my) (5-5) opinion of	, to	date and hou	r ond from the	, that (I) (we) lost causes stated
AAL DIREC SAL DIREC Setached for sete Dept. of			22b. SIGNATURE	enne	(Clin	wh		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	22c. DATE	14/80 ·
retained by the TO FUNERAL I should be detack with the State IMPORTANT: I			GERARI			.D.		8 EVERGREEN	RD.,SEV	ERNA	PARK,	21146 MARYLAND
BP	2	30. BL (SF	RIAL, CREMATION, ECIFY) Burial	REMOVAL	236. DATE 1	.980 G1	en H	emetery or crematory aven Mem. P	K. GIOCATION	urnie	A.A.	CO. MD.
DHMH-16 25M VRA 15, 4) 1/79	2	4 FUI	ingleto	n Fu	neral	Home #	1 Se	Cond Ave. Glen Burni	REC'D. BY REGISTRA	R 25h REGIST	early signal	roke

O O . C I O TO INCIDENT AND A COLUMN TO THE CHASLES . . . BLAVER, St. AUGUST 73, 2980 7:72 0 0 CLIS JULIE - NORTH ANDRES HOSPITAL - - 1- (g-1.) - 1-

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

STATE

REGISTRAR

24 FUNERAL DIRECTOR

		CEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH MONT	1.0.11	
409	(TYPE	OR PRINT) Elizabe	eth Bayle	ey h	Thite	Auc	6 1980 1	55 M
-	3. SE	- 1	RACE	5 DATE C	DAY YEAR	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UN	IDER 24 HRS
7		Female	White	4	1 1889	91	YRS	
15	S	DUNTRY) 6- M	CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
30	,-	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NU	WIDOWE IRSING HOME C		120 USUAL OCCUPATION	126 KIND OF BUS	MD.
10	(PROFTON	CRESTON CO	nvalese	ent Center	HOUSE KEEP	ex Home	
\$5		AL RESIDENCE (IF NURSING HOME OR O'STATE 1/26 COUNTY	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		1705 Poplar	Ridge Rd.	21122
d A	14. F.	THER'S NAME			15. MOTHER'S MAIDEN NAM			
B-26		Thomas 11.	Wh	ite	Elizabeth		Ramsey	
\$ \		VAS DECEASED EVER IN U.S., ARMI YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17 INFORMANT	ADDRESS	Ridge Rd., Pa	122
a p		//0)/7-40	3-0000	Low Nozurs	21)0 10 paux.	APPROXIMATE IN BETWEEN ONSET	
ent, 1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.	, and ic	Hout E.	luce - Acut.	e 48hi	
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uou, o	м	Conditions, if any, which		oral U	oscular Ac	cesent	2 wes	1/5
, cremat other tra		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS					
ury, ar	z	PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or condition)N GIVEN IN PART 110	
any inj	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED		. IF YES, WERE FINDINGS U	
w s	TIFIC					YES NO NO	CERTIFYING CAUSES OF DI	EATH?
Hygie 18 sho		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN I	(EM 18, PART 1 OR PART 2)	
ltem	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
nd M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
lth o		AT WORK AT WORK	1	Λ.	uch 6 10 80	770.0/-	50	
l is m		220 I certify that (I) (this haspital saw the deceased alive on	A-u a le		id that in (my) (our) apinian de	eath occurred on the date of		I) (we) fast
pt. o		abave, (I) (we) (did) (did not): 22b. SIGNATURE	view the bady ofter death.		DEGREE		22c. DATE SIGNI	
ate De		1421	unce	ano	ATTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1 A.	80
TAN STAN		22d PHYSICIAN'S NAME (TYPE OR P		//	22e ADDRESS		N 9	
with the Sto		H.L. MUNCIE	7 7 7		1614 MT A	-ipy CT Cd	otton, Md.	2114
	23a. f	BURIAL, CREMATION, REMOVAL BURIAL	8-8-1980	Loudon	Park Cemetery	Balto.	COUNTY	STATE
_			0-0-1/00	-000016	and Canecelly	Dullo.	111	ue

STATE OF MARYLAND

CERTIFICATE OF DEATH

F.H.Mtn. & Tick Neck Rds., Pasadena, Md. AUG

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

COUNTY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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K 1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REG. NO.
	CEASED NAME FIRST MIDDLE LAST 26. DATE KNOWN MONTH DAY YEAR 28. HOUR OF ESTI- DEATH MATED & 8 1/1980 PA
3. SE	ARACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 26. HOUR MONTH DAY YEAR 26. HOUR MIN. PRONOUNCED DEAD S 11 1988 P. N.
SAR E SAR	RITHPLACE (STATE OR 176. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED AND ARRIVED AND ARRIVED AND ARRIVED AND ARRIVED A
3 TO THE FL NIN PAGE 5 D BE FILED. POSON	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WAS POSSES WORK TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WAS POSSES WORK TOWN OF DEATH OR WORK TOWN OF DEATH O
RETAIN RECORDS BE 130' S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 13b. COUNTY 13d. INSIDE (ITY LIMITS? YES NO 2 NO 2 TO THE STREET ADDRESS NO 10 11 12 13 13 13 13 13 13 13 13
14. F	ATHER'S NAME ANDLE MISSING IS. MOTHER'S MANDEN NAME FIRST MANDEN N
SION O	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO OR HIKNOWN) (IF YES, GIVE WAR OR DITES! ARA FOULSE WILBER # 13
FERDING IN TENCIL AND AND AND AND AND AND AND AND AND AND	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) EMALE MINUS CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)
4 2 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
1 NC	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES \(\subseteq \text{NO } \subseteq \)
CAL CER	216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL CERTII	21d. INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
ARYLAND,	22e. I certify that I see the remains described obove, held an Autopsy , Inspection , Inquiry , ond in my apinion death resulted form Natural causes , Accident , Suicide , Hamicide , Undetermined manner , LITLE (SPECIEY) ACTUAL SIGNATULE SIGNED M. Deput MEDICAL EXAMINER SIGNED ACTUAL SIGNED MEDICAL EXAMINER SIGNED MEDICAL EXAMI
PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M.	TYPE OR PRINT) ADDRESS URIAL CREMATION REMOVAL 236 DATE 134 LAME OF EMETERY OR CREMATORY COUNTY STUDIES TOWN COUNTY STUDIES TOWN
HMH - 17 A15 ME (5)) 5M7/77	1250. DATE REC'D. BY REGISTRAR'S SIGNATURE AUG 1 4 1980 First Reclaration

3 4 4 1 1 20 c m 1300 1 27 26 - 10/ No - 10 - 10/ - 10 way all the story of the man hills and the 51 2 305 1 30m 12012 Circums (set ye there - Direct alawa

Aug. 80

ARBUTUS MEM.

3035 W.NORTH AVE

MIDOLE

L.

WILSON

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

24. FUNERAL DIRECTOR

E. NUTTER

DHMH - 16 50M 7/77

(VRA 15(4))

FIRST

HARRY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DST 20 DATE OF DEATH MONTH 2b. HOUR

PARK BALTIMORE

AUGUST 14, 1980

4:50

IF UNDER 24 HRS.

IF UNDER 1 YEAR

INDUSTRY

THOMPSON

YES [

CO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

22c DATE SIGNED

MARYLAND

water Malroody

STREET

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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DAYS

12h KIND OF BUSINESS OR

CULTNARY

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a dispensional	ANCE THE THE TO	TO DESCRIPTION	04210	

BP.

DHMH - 17 VR A15 ME (5))

15M 7/76

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

7g. BIRTHPLACE

Illinois

13a. STATE

MEDICAL

Burial

FOREIGN COUNTRY)

Annapolis

14. FATHER'S NAME

Abraham

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE KNOWN MONTH ESTI-OF DEATH MATED 6. AGE (IN YEARS DATE OF BIRTH 4. RACE IF UNDER 1 IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH (STATE OR MARRIED TY NEVER MARRIED WIDOWED [DIVORCED 11. NAME OF HOSPITAL PURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH **OR-INDUSTRY** manager USUAL RESIDENCE (IF IN NURSING HE 13d. INSIDE CITY LIMITE? 13e. STREET ADDRESS YES NO 00 15. MOTHER'S MAIDEN NAME MIDDLE Weinstein Wolin Anna 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 081-09-4286 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO ET YES [] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

CERTIFICATION 19g. DATE OF OPERATION

210. EXTERNAL CAUSE WAS OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE

Inspection 228. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Accident Suicide Hamicide Undetermined manner Natural causes

EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL 23b. DATE 8-8-80

WHILE AT WORK

Judean Memorial Gardens

Olney, Montgomery, Maryland

STATE

24. FUNERAL DIRECTOR

DANZANSKY-GOLDBERG MEM. CHAP., Rockville, Md

250. DATE REC'D. BY REGISTRAR ALIG 1 4 1980

